

THE AMERICAN JOURNAL OF NURSING

VOL. XIX

MARCH, 1919

No. 6

EDITORIAL COMMENT

WHERE DOCTORS DISAGREE

An artist and her friend, a school teacher, were walking down the street one election night, in the days before there was a Fuel Administrator, when they suddenly came upon a group of children gathered about a street bonfire. The artist exclaimed: "What a wonderful picture that would make." Said the school teacher, "I was thinking how bad those children would smell from that smoke, tomorrow, in school." It was the same group, but looked at from a different viewpoint.

So it is with the nursing situation at the present time. To illustrate, we shall quote from two different comments which have recently been given publicity. The first is from an editorial in the *Journal of the American Medical Association* (edition of January 25, 1919), entitled *The Supply of Practical Nurses*:

What's the matter with the trained nurse? A wave of harsh and resentful criticism of the professional nurse seems to be sweeping over the country. In spite of a recognition of her splendid achievement in remaking hospital nursing, and of setting up high standards for private nursing; in spite of her magnificent and sacrificial service in the great war, she is not now viewed by large numbers of physicians and laymen as a ministering angel of mercy or as an unmixed blessing. And when rebuked for these harsh expressions of disapproval, her unfeeling critics forcefully reply: "She is getting just what she deserves." What does it mean?

Is it because through high standards of admission to her schools, and long years of training before she is graduated, she has chosen to make herself one of a small body of the elect, a superior being? Is it because with the high cost of living and the scarcity of these chosen few she has, labor-union-like, demanded higher pay which only the well-to-do can give? Is it because in the home she is autocratic and unwilling to serve except in accordance with rules that she herself lays down, often demanding that service be rendered her and causing discord in the household management at a time of crisis? Is it because in many hospitals she has gradually acquired more influence and power until through her officials she speaks with authority even to the management, and dictatorially demands that before the interests of the medical staff are considered—sometimes even before the interests of the patients—there must be considered those of the nurses? Perhaps there is a little truth in each one of these reasons. Perhaps in

this resentful criticism, narrow as it may be, the nurses are reaping what they have sown.

The writer of that editorial goes on to say that the war and the epidemic have shown that the trained nurse is not a suitable agent to minister to the large body of the sick, that ninety per cent of all cases of illness could be adequately cared for by a physician's assistant, who is described as a woman of fair education, with a right personality, and training of sufficient length, probably one year, in a good hospital.

The writer adds that from the ranks of the highly trained nurse will come our hospital executives, the superintendents of the training schools, the head nurses, operating room nurses, nurses for cases of special severity or complication, and the teachers of nurses.

We cannot deny the truth of much of the criticism contained in that editorial. The blame, however, does not lie entirely with the training schools, but goes back to the homes from which this class of women workers is drawn. It is really a criticism of the training of the average child in our middle class American homes, for if the foundation of manners and consideration for others is not laid there, good manners and a right social viewpoint can rarely be acquired later. We have heard of isolated instances in which graduate nurses have overcharged. We heard of one who charged \$50 a week for taking care of two children. We were also told, when in New York, of a practical nurse, without any nursing preparation, who charged \$15 a day during the epidemic. And we have also been told of doctors whose practice is among the people of very moderate means, who charged \$10 for a single visit. But these are individual cases and do not represent the fine spirit of sacrifice and professional obligation which marks the great majority of the medical and nursing profession.

We should not be unmindful of the great chances for profiteering which the public put in the way of nurses during those strenuous days. A nurse whom we personally know in New York City was approached in the street car by an elderly gentleman who said, "I see you are a nurse. I should be glad to give you \$400 if you would take care of my wife tonight. She is desperately ill and without anyone to care for her at _____ Hotel." My friend replied that she was working under the Red Cross and was sorry she could not help them out. So much for that point of view.

MICHIGAN OFFERS A PUBLIC HEALTH COURSE IN NURSING

Dr. Reuben Peterson, Professor of Obstetrics at the University of Michigan, and President of the Michigan State Board of Registra-

tion of Nurses, sees the nursing situation in an entirely different light. We quote from his recent comment on the Public Health Course for Nurses, in which he says:

The wave of altruism aroused by the war has involved the prospective and graduate nurses to a greater degree than is perhaps realized by the public. Nurses are seeking more than a mere livelihood out of their profession. They are on the lookout for fields of work which will satisfy their ambitions to be of the greatest possible benefit to the sick and suffering, whether rich or poor, in their respective communities. Hence we find more and more nurses enrolling as visiting, school, and industrial nurses and in anti-tuberculosis and infant welfare work.

The need for instruction in public health nursing was first recognized in Michigan by the State Nurses' Association and the State League of Nursing Education. These two organizations petitioned the Regents of the University of Michigan in the spring of 1917 to establish such a course at the University, using as their plea that war conditions made it doubly necessary. The Regents were unable to finance a course in public health nursing that year, but the next year, although the funds were still lacking, they voted to establish it, provided the money could be secured outside the University. Through the efforts of John W. Blodgett of Grand Rapids, who was familiar with nursing conditions throughout the state, the Michigan War Fund Board voted the sum of \$5000 for the expenses of such a course at the University for one year, and Dora M. Barnes, of New York, a woman prominent in national public health matters and one who has had exceptional training in the educational features of public health courses, was placed at its head. With characteristic energy, two weeks after her appointment, Professor Barnes had arranged for a preliminary short course in public health nursing.

Each Red Cross Chapter in Michigan is being urged to establish one scholarship for the course, with the understanding that the recipient shall work under the supervision of the Chapter for a certain period. The Michigan State Nurses' Association has established such a scholarship, as have also six or more hospitals in the state, for their senior pupils.

By training public health nurses, Michigan is trying to solve, for her own state at least, the problem of the shortage of nurses which caused such hardship in the recent epidemic. Through the public health nurse, Michigan is arranging to give adequate nursing care to the less fortunate in her community, those who cannot afford the individual services of a highly trained graduate nurse.

The editorial in the *Journal of the American Medical Association* as well as Dr. Peterson's announcement of the course in public health nursing now established at the University of Michigan, shows a recognition of the fact that something must be done to overcome the

shortage of nurses. There is this difference, however. The criticism of the first is harsh, and rankles because it does not apply to the profession as a whole, while Dr. Peterson's announcement is constructive and tends, so far as Michigan is concerned, to provide for the upbuilding of the health of the people through skilled care.

THE NEED OF PUBLIC HEALTH NURSES

"War has sharply revealed to how great an extent national success depends upon national health. It has also shown that organized efforts to conserve and build up the strength of our people can quickly show results. Every element of our public health activities during the war should be continued and enlarged during peace." This is the way Secretary of War, Newton D. Baker, looks upon the public health situation after studying the figures revealed by the draft.

The Provost Marshal General in his report on the First Draft shows that practically 35 per cent of the young men examined were considered physically unfit for active military service. To be sure, a higher standard is required for such service than by life insurance companies or in civil positions. But, if 35 per cent of our young men are found physically unfit, the proportion of physical unfitness, taking the people of the United States as a whole, even with greatly reduced standards, would be correspondingly large.

Surgeon General Rupert Blue of the U. S. Public Health Service, sees in this situation "the need for a greatly increased number of public health nurses." He adds, "Without the coöperation of the public health nurse in explaining the methods for preventing and curing disease, to the individual person, in giving nursing care to those who need it at what cost they can afford to pay, and in furnishing health authorities with facts gleaned from her intimate knowledge of neighborhood health conditions from which new programs can be formulated, our work would fail of its best results. A public health nurse at work in every county is a part of the goal toward which we should work."

Secretary of Labor Wilson, commenting on reconstruction problems, says, "One of labor's greatest assets is health. Labor's reconstruction program must therefore include a carefully formulated plan for repairing the physical waste and destruction of war by conservation and renewal of national health. The public health nurse enters into such a program in many ways."

In our February issue we announced that the Red Cross, through the War Council, had awarded a considerable amount of money for scholarships and loans for nurses who wish to enter the Red Cross Public Health Nursing Service. It is hoped that many nurses re-

turning from war service will take advantage of these scholarships and enter the field of public health nursing. We know of no better way for large numbers of nurses to continue to serve their country.

This is one feature of the great campaign which the Red Cross is organizing for the improvement of the general health of the people. Another is the putting into the field, through the Chautauqua circles, of a number of nurses, able speakers, in Red Cross uniform, who will present Home Hygiene, Household Sanitation and health to the assembled people.

The National Organization for Public Health Nursing, with offices at 156 Fifth Avenue, New York, is anxious to get in touch with any nurse to whom public health work appeals. For many years the demand will be greater than the supply. There are in this profession many places of responsibility, such as those of state or county supervising nurse, for which too few trained women are available, and many more will open as the work develops. It takes only a short course to train a graduate nurse in this new profession whose work is the reconstruction of war's physical waste, whose skill is at the service of those who need it, whose goal is health for the many.

THE TRAINING OF ATTENDANTS

One sometimes wonders with all this development of the public health nurse field, who is to do the bedside nursing for the people. Suppose we accept the statement that only ten per cent of cases of illness need the services of a skilled nurse. That leaves the other 90 per cent to be cared for by members of their own family, practical nurses or trained attendants.

Since the convention of the American Nurses' Association, held in Cleveland in May, 1918, at which formal approval was given for the training of attendants, a number of states are amending their laws to include this training, with provision for their licensing, and registration by the state board of nurse examiners.

When and how such attendants shall be trained is a matter to be determined. What they shall be taught and what the length of their period of training shall be is a matter upon which we are already in disagreement, and instead of a uniform method which we had hoped would be outlined, each state is working out its problems independently, upon what seems to be the most practical plan for its distinctive needs.

In our judgment the course of training for attendants should, *in the beginning*, be short. We should like to see it only six months. The class of women who have heretofore entered the nursing field, without any preparation, will not consent to a long period of training.

The lines should be very clearly drawn between the educational qualifications, the subjects to be taught, and the period of training required of the trained attendant and the registered nurse. What the medical profession and the public generally are clamoring for—and what the war and the epidemic have demonstrated the need of, at the present moment, is quantity rather than quality, standards can be raised after war conditions have passed.

Our opinion is that the trained attendant should be well grounded in the simple manual procedures of the sick room, in household and personal cleanliness and she should have enough knowledge of cooking to prepare a simple tray and serve it attractively. But it is not our judgment that this type of sick room attendant can be depended upon to care for patients who are desperately ill, whether they happen to be rich or poor.

People who can afford it will always prefer the individual services of a highly trained nurse, when they are critically ill, but the poor and the middle class must not be left entirely dependent upon the trained attendant. For them there will need to be worked out some plan by which these attendants can be supervised from the outside, by a highly trained nurse from either the visiting nurse association or from among the public health workers in the community.

There are certain things which must not be lost sight of, with reference to the trained attendant, her scale of charges cannot be controlled, for she will be at liberty to charge for her services as much as her employers can be induced to pay. In this respect, as a citizen of the country, she will be as free and independent as the members of any other trade or profession. The profiteering of many practical nurses during the epidemic has been such that our confidence that this type of woman is going to fill the needs of the people of the middle class is somewhat shaken. But if the lines drawn are sufficiently sharp, between the registered nurse and the trained attendant, the public will at least know which they are employing.

As an example of the way in which the country is getting to work in the matter of the training of attendants, we have before us the plan of the state of Illinois, which has been drawn up by the Legislative Reference Bureau of the State and endorsed by the State Department of Registration and Education, under which the Nurse Practice Act is administered.

It provides for two groups of nurses, registered nurses with 27 months training, and registered junior nurses with 18 months training. It includes compulsory registration for both groups, and annual renewal of license. The bill provides that the candidates for junior nurse shall be 21 years old, shall have had one year of high school

and shall be of good moral character; and for the registered nurse one year of high school, until 1924, when full high school will be required; they shall be 22 years of age and of good moral character.

The Nurse Practice Act which is now before the New York State Legislature, for amendment, contains a clause for the licensing and registering of both groups. The period of training for the trained attendant is placed at not less than nine months, six months being devoted to the practical side of the work. The initial license is recorded with the county clerk, with provision for its annual renewal through the Board of Regents.

In our Nursing News, the chief features of the amendments to the Nurse Registration Law which the Massachusetts State Association is presenting to the Legislature, are outlined.

EIGHT-HOUR DAY

The Woman's Trade Union League Bulletin of Chicago announces the report of the Illinois Industrial Survey which was submitted to Governor Lowden, late in January. The majority report recommends an eight-hour day and forty-eight-hour week, applicable to all women now under the ten-hour law, and adding hospitals and offices, but exempting graduate nurses. This leads one to believe that unless the hospitals of Illinois voluntarily establish the eight-hour day, they may be forced to do so by law.

It might not be amiss for graduate nurses employed in hospitals to have some protection of this kind. Graduate special nurses living outside the hospitals in the larger cities are often obliged to start from home at about six o'clock in the morning and do not return again until about eight o'clock that evening. Where else among women employees do you find so long a working day? And when a nurse returns home so exhausted that she must retire immediately, what margin does she have for recreation or self-improvement?

THE NURSES' RELIEF FUND

In the recent appeals in the New York daily papers for funds for the support of the Stony Wold Sanatorium, the statement is made that it is necessary to raise a large sum of money at this time for the sanatorium, as many nurses returning from France are in need of the special treatment which is afforded at Stony Wold.

We think we are not mistaken when we say that the government will take care of all nurses who have been in war service, whether at home or abroad, who, at least before their discharge, had developed tuberculosis. We feel equally certain, though not officially informed, that the Red Cross will not permit any nurse who has been engaged

in war service other than military, to become a charge upon the finances of any charitable institution. The American Nurses' Association, through its Relief Fund, will surely wish to provide help for those of its members who have sacrificed their health in the war and who for any reason may not be provided for through either the government or the Red Cross.

The Relief Fund was inaugurated at the meeting of the American Nurses' Association held in Boston in May of 1911. It is less than eight years since that time, and we now have a permanent fund of \$24,000, contributed by individual members and by alumnae associations. Since the fund was established, sixteen of our members, who have been overtaken by illness in a way that has made them eligible for this kind of assistance, have been helped. At the present time the lives of twelve of our women, whose names, if made public, would be known to many of our readers, are being made more comfortable or are being restored to health, through the income of this fund.

Until now, the income has been sufficient to care for the nurses who have been eligible to its benefits; but if the statement which is being made by the Stony Wold Sanatorium is true, that large numbers of nurses who have been in war service are needing the care that such institutions can give, is it not time for us, immediately, to so increase our Relief Fund that private charity need not be appealed to in their behalf!

Based on the membership of 40,000 in the American Nurses' Association, this fund of \$24,000 represents a tax of 60 cents a member, for the eight years, or a little over seven cents a year.

Such a fund should be developed continuously, through the contributions of all its members, even though in many instances the contribution will have to be small, rather than through the larger gifts of a few, alone. No one of us knows at what time she may have to become the recipient of its benefits.

May we suggest to that group of women who are holding established positions, with an assured income, that they contribute \$5.00 a month during the coming year. We would like to see each alumnae association tax its members 25 cents each, for those who are at home, and contribute the same amount from its treasury for such members as are still in war service. This amount would not work the least hardship to any nurse, even though she had some one dependent upon her. For those women who wish to give a little more than the 25 cents through their alumnae, we would say, drop a dollar or more into an envelope and send it to the treasurer of the Relief Fund, Mrs. C. V. Twiss, 419 West 144th Street, New York City.

In this way the Relief Fund would very quickly be more than

doubled, and we should be able to care for those of our members who have sacrificed their health in the service of our country. In this way no nurse need be cared for through the charity of strangers, but through the provision of the members of her own professional family, from a fund to which she herself had contributed during her days of prosperity and health.

THE INTERSTATE SECRETARY

The term of service of the Interstate Secretary, Miss Adda Eldredge, will expire on the first of August. Those states or associations that have not availed themselves of the service which she is prepared to give, should take advantage of this opportunity before it is too late.

The appointment of the Interstate Secretary in the fall of 1917 was for the very definite purpose of aiding the associations to adjust themselves to the reorganization plan. At the same time she promoted the interests of the National League of Nursing Education and the JOURNAL.

The position of the Interstate Secretary is being discontinued because the treasuries of the League and the American Nurses' Association do not warrant the expense.

Miss Eldredge is now in Massachusetts. Her engagements in New England will be finished about the middle of March. Other engagements, held in abeyance for broader coöperation, are for Indiana and Oklahoma. This is a section of the country which Miss Eldredge has not yet covered. There will be time for her to make quite an extended trip through the southwestern states, returning through the central district.

WE HAVE SEEN THEM COMING IN

We recently spent some time in New York, where the arrival of transports, bringing our troops from France, was a daily occurrence which was made much of by the press. The names of officers, both military and medical, with their impressions of conditions abroad were frequently given. Usually, too, there was a reference to some boy from the Bowery or from an obscure district in Brooklyn, because of distinguished service.

Practically all of these incoming transports had nurses aboard. Occasionally a newspaper mentioned, when summing up the personnel of officers and men, "5 or 20 or 50 women nurses," but none of them by name. Nor did they recognize the distinguished service rendered by any of them.

Even Miss Mary E. Gladwin, who went to Serbia with the first

Red Cross Unit, and who has served throughout the war, came into New York and departed for her home, without the slightest public recognition.

That others are noticing this apparent neglect is instanced by the remarks of Senator Calder of Brooklyn, who, on February 10th, in the debate in the Senate on the Federal Amendment for Woman Suffrage, asked why this government has not given recognition to the work of nurses, such as been accorded them by other governments.

We are told that English and Australian nurses—among whom rank was established before the war—have soldiers provided to carry their luggage, to clear the way for them when they are leaving the ship or when traveling from one place to another, and that they are provided for and treated with the same distinction as officers.

A few days ago, we saw a group of our nurses come off a big transport, carrying their heavy suit cases, wraps and bags, go down the gang plank that looked to be at an angle of 45 degrees, and travel the whole length of the Hoboken pier, between rows of soldiers lined up on either side. What an impression to leave on the minds of these men, any one of whom, if not under military regulations, would have been glad to help carry the nurses' heavy luggage, out of simple courtesy. There was not the slightest attention paid to them by any of the official groups who were there to welcome the men, or by the public in general. It would look as if, because they have served the government as nurses, these women are considered *not better than, but below* the status of the ordinary woman.

NURSES' REST HOUSE AT RIVERDALE

The opening of the Rest House at Riverdale on the Hudson, through the kindness and generosity of Mr. Cleveland Dodge, was announced in the January JOURNAL, under the notes of the Army Nurse Corps. This house, which it was our privilege to visit, was formerly the Dodge homestead, occupied for many years after the death of her father and mother, by the late Miss Grace Dodge. Miss Dodge, it will be remembered, was prominent in the work of the Young Women's Christian Association, and as a member of the New York board of that organization, was energetic in the establishment of the Central Club for Nurses.

The Riverdale House is most attractively situated on the east bank of the Hudson, just outside of Yonkers, a half hour's ride from the Grand Central Station. From a height, it looks down the sloping lawn to the river and across to the Palisades, which are exceptionally beautiful at this point. There are very stately old trees, gardens, and lawns, to add to its appeal on the outside, while the interior is

ame into
st public
anced by
ary 10th,
Woman
nition to
ernments.
ng whom
to carry
ving the
they are

ff a big
go down
d travel
ers lined
of these
uld have
simple
by any
r by the
erved the
er than,

Hudson,
ge, was
e Army
it, was
ter the
. Miss
of the
e New
shment

the east
e from
sloping
ionally
ns, and
rior is

charming. Except for the removal of some of the heavier furnishings, to provide greater space for the enlarged family, the house is practically as it was during Miss Dodge's lifetime.

Mr. Dodge, who has placed this house under the supervision of the Red Cross, pays for its maintenance. It is in charge of two Army nurses who have been in the service for a number of years.

At the time of our visit there were eighteen nurses as guests at the house, resting after war service or convalescing from illness. Among them were nurses from the Army Nurse Corps, who had served either here or in France, and some from the Army School of Nursing.

At Riverdale everything is provided for the comfort of the guests. Kind neighbors frequently send their autos or carriages for the nurses' use, the walks are beautiful in every direction; and the home surroundings, cultured and refined, with most excellent food, make a fitting environment for restoring frazzled nerves and depleted strength. Altogether, this is a most delightful expression of personal appreciation for the services rendered by nurses during the war.

THE NEW YORK HOSPITAL NURSES' CLUB

One of the greatest achievements upon the part of any organization of nurses, has been recorded in the development of the Club House of the New York Hospital Alumnae.

The beginning of this club house movement goes back to 1898, when Miss Irene Sutliffe, the superintendent of the New York Hospital School for Nurses, prevailed upon ten members of the graduating class of that year to rent a small house and live together. That little group all unconsciously formed the nucleus around which the present organization has been developed.

In 1904, the plan had proved to be so successful that two apartment houses, accommodating one hundred members, were rented on 92nd Street. On May 1st, 1918, they began to occupy the present house at 317 West 45th Street, which was built for their special needs by Vincent Astor and for which they pay him the very liberal rent of \$16,000 a year.

The club house has at present 162 members. Owing to so many nurses being in the service, about one-third of the members are business women.

All the club officers, the superintendent, her assistants and the registrar are members of the Alumnae Association. The furnishings of this house have already been paid for. The atmosphere of the club is as near that of a home as is possible in so large an establishment. The nurses have held several bazaars and there have been a few

unsolicited gifts, but the success of the whole undertaking is due to the good business management of those who, in rotation, have had charge of its executive affairs,—but, perhaps, most of all, to Miss Irene Sutliffe who makes her home there in an unofficial capacity. The whole plan is a demonstration of what nurses can do for themselves, if they will but work together.

A SUGGESTED MEMORIAL TO OUR WAR NURSES

At the meeting of the Joint Board of Directors of the American Nurses' Association and the National League of Nursing Education, which was held in New York City on January 17, Dr. Anna Hamilton of Bordeaux, France, was the special guest of the evening.

Dr. Hamilton's work in organizing the first and only training school on the Nightingale plan in France, is already known to many of our readers through Miss Dock's material in the Foreign Department. Dr. Hamilton was in this country for the purpose of raising funds for the development of her hospital, as Miss Dock has explained in this number of the JOURNAL. At this meeting it was suggested that it would be a very fitting memorial to the American nurses who have given their lives in the service of their country, if a fund could be subscribed by the nurses of this country for some special feature of the work connected with Dr. Hamilton's hospital. This matter was referred to the newly-appointed Joint National Committee, and we shall hear more of the plan which they are formulating, in a later issue of the JOURNAL.

THE SPHERE OF THE PRIVATE DUTY NURSE

We wish that the industrial nurse who characterizes the private duty nurse as "only a wage earner," might have the salutary experience of caring for a patient in the country far from a doctor, where the very life of the patient rests with her, and where the prevention of such illness in the future depends largely on the thoroughness and faithfulness with which the nurse instructs the family. She would find that all she says of the wide opportunities for service which lie before the industrial nurse are true also of the private duty nurse. When one group of nurses begins to think with scorn of another group, weakness is creeping into our ranks.

due to the
ad charge
Miss Irene
ity. The
emselves,

American
dication,
Hamilton

training
to many
Depart-
f raising
xplained
sted that
who have
could be
ature of
ter was
and we
a later

private
ary ex-
, where
vention
ess and
e would
which lie
nurse.
group,

PSYCHOLOGY FOR NURSES¹

BY JOHN F. FORBES, PH.D.

Rochester, N. Y.

I think the doctors are going to decrease (thinking of the scriptural phrase), and the nurses are going to increase; but I don't know whether I would put it exactly that way. The doctors are going to deal, more and more, with the scientific side of medicine. We are just getting into that field, the scientific side, the side that we could sum up, as far as we now know, in the terms of bacilli or germs. The doctor's function is to determine by scientific study what particular germ is at work and how to get an antitoxin for it. He will work largely along the line of some scientific principle; of course it will not be the drug principle, excepting so far as it can be proven scientifically that any given drug will kill any given germ and not kill the patient.

But it is the nurse who has to be with the patient when he is thoroughly sick, who has to watch and study the development of the disease, the processes that are going on, the stages and phases of the difficulty. All this she has to watch and interpret to a very great extent. I think you will agree with me that there is a constantly increasing demand for nurses with good judgment, that is, who, though they may not have the technical knowledge of a physician, have in many cases to decide about the phases of the disease during a period of many hours.

When the doctor comes he asks, "What has happened?" Now what has happened may be written down in a mechanical way that would be of almost no benefit to the doctor. What has happened has to be determined by some one who has knowledge, insight and judgment, so that the record, when the doctor comes, is a record that is worth something; something that he can use and dares to use and apply his skill accordingly. Of course that means that the nurse is going to be more important; that she is going to become thoroughly professional.

I presume everybody will be in a profession before we get through, but they are not now. We started with two professions,—I am not sure but we started with one. The clergyman was probably the first professional man, then came the lawyer. The third was probably the doctor, though he was a good deal behind the other two. Since then we have been adding to the professions from time to time. The general distinction has been that a professional man is one who deals with the mental life, the inner life; and the non-professional, is one

¹ Address delivered at the seventeenth annual meeting of the New York State Nurses' Association, Rochester, N. Y., December 5, 1918.

who deals with the material side of things. But we are going to cross that particular line of professionalism and get into the material. I think this definition would be a fair one for a professional man or woman, viz.: a man or woman who has a body of scientific knowledge or carefully acquired skill, and purposes to use such knowledge or skill to promote the common good.

Put those two things together and you have the lawyer, who is supposed to render a great public service in interpreting the principles of law for the average man in securing justice. A clergyman is supposed to get us into heaven. The teacher, is, of course, to give us education.

Take the maid in the house, suppose she had a systematic and careful body of scientific knowledge and had gained a certain amount of technical skill which is difficult to attain, and could go into the home and render a service there, promotive of the entire health and well-being of the household, why couldn't her work be professional?

Under the above definition, nurses are to-day professional. They will become more and more professional as their body of scientific knowledge increases. All present are interested in education and all are interested in increased technical skill.

Now along this line there is a field of knowledge which possibly has not had the emphasis that it should have up to this time, but which is undoubtedly having a growing emphasis in your profession. I refer to the knowledge of mind,—psychology. The fundamental thing that has prevented us from recognizing that this knowledge is absolutely essential to nurses and to their profession, is the fact of the long inherent tradition, that there are two distinct elements in mankind, the soul or mind, and the body; that the mind is something entirely apart from the body; that it is something very mysterious; that there are no definite laws that one can formulate respecting it; that it is something utterly capricious. On the other hand the body is matter and we know about that, but this strange, curious, capricious something called mind, nurses have nothing to do with. "Why bother about the mind?" thinks the nurse, "my patient is sick in his body; something is the matter with that and I must care for that."

Well, we have come to know, first, that there is not one possible activity of the mind that is not correlated with an activity of the body, and vice versa, not a single activity of the body that does not have its correlate in the mind. We have gone far enough to find out that the mind can affect the bodily good and the body can affect the mind, the health of the mind. We can start with the body and produce an effect upon the mind. We can start with the mind and produce an effect upon the body. Hence, it seems perfectly proper to infer that

they are inseparable and one thing, a unit, so far as we deal with them here in this world. If that is true, then must not the nurse know something about the mind? Can she interpret the facts in any given case of sickness and understand the forces that are at work without a knowledge of the laws of the mind?

I was asked to talk about the instincts. Well, I will state what the instincts are. Instincts are forms of action, of automatic action, and we all come into the world with them. We all have, for instance, the instinct of fear. The term fear is the emotional side of it; every instinct, every one of our actions which are instinctive, that are automatic, have to go along with something that we call emotion or feeling.

Now the real activity in the instinct of fear is flight. If some one comes and scares you, you run. You will do either one of two things if you are frightened, you either run, or you curl down and feign death, try to protect yourself by eliminating yourself. That is spontaneous action. Many animals, if danger is too near, shrink down and feign death. You do not have to teach any one to run when he is afraid. A child will get away, he will run without teaching.

If a child is hungry; there is an automatic arrangement, when the child comes into the world, to take care of the feeding. It is a very complex process, but the child can perform it without instruction or training.

Anger is the emotional side of the fighting instinct; curiosity is the instinct for learning things, and the corresponding emotion is wonder. For the repulsive instinct, which leads us to push things away from us, disgust is the corresponding emotion.

The protective instinct, by which we tend to shield and take care of living things, has the tender emotion as its correlate.

Then there is the self-emphasis instinct, that leads us to put ourselves forward, and we have the corresponding emotion of elation. The opposite of self-emphasis is the instinct of self-abasement with its corresponding emotion of submission. We have the instinct of play, the instinct of ambition, the instinct of suggestion, the instinct of acquisition and of hunger, of sex and the gregarious instinct, with which the nurse has much to do.

These are all forms of action and are accompanied by emotion. What is an emotion? You have to understand that, in order to comprehend what follows. The psychologists have worked on the emotions since they began the study of man at all, and it is only very recently that anybody has been able to say anything from a scientific point of view about them. The old psychologist dodged them altogether. He tried to make a rough classification of them but it was of little use.

For instance, I meet my enemy; a glance reveals to me that he is an enemy; the associations spring up in my mind that involve danger or that involve the idea that I must attack. I must get rid of him, I must put him out of the way. Then the fighting instinct functions. Nature has provided for that. My muscles become tense, the nerve energy fills up, rushes into its channels and makes the necessary muscles taut, so that I may use them effectively. My heart begins to beat more rapidly. What for? To send the blood circulating to every muscle and nerve. My breathing is deeper and more rapid. What for? To give me plenty of oxygen to invigorate the blood; in other words, to furnish the stimulus that the whole system needs to make me a good fighter and able to conquer my enemy. Now the rush to the brain of all these intense sensations, physical sensations; the tense nerves, the beating heart with the deep breathing; the pulsing of the blood through the veins, the set teeth,—all these flood the brain and we name this whirlwind of sensations, anger.

Now if an angry man goes right to fighting the other fellow as hard as he can fight, uses all these powers that Nature has provided for him and exercises his full strength, his anger works off in the proper and natural way that Nature has intended. But if he bottles up his wrath through fear of the law, there is no outlet for the tremendous nerve tension that is dammed up in his body and he is poisoned through and through. Every function of his body operates in a wrong way. The glands of the system, the various organs of the body, all turn ordinary secretions into poison.

I have gone into an illustration like this in order to emphasize, if possible, the serious nature of the nurse's problem. What does the nurse know about her patient's mind? What does she know about his past experience? What does she know about his feelings at any given moment? Has he fear in his mind? Have you ever thought how many different names there are for fear? Let me give a partial list: apprehension, suspicion, dread, consternation, dismay, disquietude, fright, horror, misgiving, panic, scare, terror, timidity, trembling, tremor, trepidation, anxiety. All of these represent a state of mind of your patient that is equivalent to fear, and although this fear is of something to come,—through imagination your patient makes it present now, and by making it present now he gets all the physical consequences involved in it and there is no way to get rid of it. Is it not clear, then, that the nurse must ask herself, What is the mental condition of my patient? Am I going to be able to find out what that condition is, to ascertain it even though he is secretive and does not want to tell me? Can I develop enough human sympathy to enable me to

that he is
danger
of him, I
unctions.
the nerve
necessary
begins to
to every
l. What
in other
to make
e rush to
the tense
ng of the
rain and

fellow as
provided
ff in the
e bottles
the tre-
nd he is
operates
rgans of

phasize,
does the
about his
ny given
ow many
: appre-
, fright,
tremor,
of your
f some-
present
l conse-
Is it not
ntal con-
hat con-
ot want
e me to

get from him the cause of the fear, or anger, or jealousy, and thus be able to remove these sources of deadly poison?

Under the term anger one may include animosity, exasperation, frightfulness, fury, prejudice, indignation, ire, irritation, peevishness, rage, resentment, temper, vexation, wrath. All these, when they have possession of a patient's mind, are deadly foes to the recovery of health.

Are you going to be able to diagnose that situation? If not, your patient may be undergoing a process of secret poisoning without any knowledge of the fact on your part. All your efforts may be unavailing because of the secret foe of whom you are totally unaware. Ultimately you will be compelled to get the psychological knowledge that will enable you to successfully cope with your unseen enemy because, if you do not gain that knowledge, you will be forever fighting against a force that may spoil all that you try to do in your nursing.

I want to say something about the agreeable and the disagreeable as mental processes. Generally speaking, whatever is agreeable helps every process in the body. And the disagreeable tends to injure every process in the body. Should not the nurse then endeavor to make the entire environment of the patient agreeable? She cannot make over the hospital, but the hospital should be agreeable, the nurses should be agreeable, their dress should be attractive and comely, they should wear a smile in the presence of their patients. The meals in the hospital should be the best meals. Hospitals should have the best cooks that can be obtained. The meals should be perfect, the beds should be perfect, the maids should be comely, and everything should be served in the daintiest possible way, so that the mind of the patient may be filled with the beauty, the perfection and the satisfaction of it all, so that there shall be no room left for the disagreeable.

It may be that all hospitals live up to these conditions, but I don't think they do. You see the nurse, herself, sometimes gets angry at the patient, and that is the most foolish thing I can think of, for the patient is, as far as you are concerned, to be considered as irresponsible. There should be no feeling of rebellion in your own mind because he says something disagreeable. It doesn't make any difference how disagreeable he is to you, you can stand the disagreeable, you are well, but your patient must have the agreeable.

In conclusion, let me say this: that we must take the mind with the body. We must take it into account increasingly, from now on. Every phase of life, because it is life, and it is the heart of life, must take into account the laws that govern the mind.

DIET LISTS

BY ELEANOR LEE WRIGHT

Chicago, Ill.

Nowadays a number of questions come to mind regarding diet lists and diet slips. Are diet lists necessary from the doctor's point of view? Does a doctor need to have a list of the foods permitted in special cases so that the nurse can more readily follow his instructions, lists which she, in turn, may send to the dietitian? Many other angles of the situation present themselves but these seem to have first consideration.

Now that there is a shortage of service nurses, doctors, and dietitians, as well as of kitchen help, it is wise to consider the diet list from an economic standpoint. Can this list be made to save labor, and how?

First, the responsibilities of the dietitian have necessarily increased. She is expected to help the physician more than ever before. This means that she must plan every step of her work and the work of those under her, to the very best advantage, so that she will have more time for the newer, important duties. In a great many hospitals the question of diet lists is first discussed by the dietitian and the doctors, particularly those in charge of cases requiring treatment by diet only. It can be readily judged that inasmuch as doctors may differ in minor, if not in other ways, it is better that the dietitian understand his theories so that she can follow them. This necessitates an individual diet list, a list of foods allowed in every disease requiring special diet. Such lists should be made up and approved by each doctor under whose supervision the case may come. This method eliminates difficulties which sometimes arise and obviously shows reasons why a printed diet form is not practical, unless it is printed by the hospital after these lists are made. These can be given to the nurse in the diet kitchen so that any orders for a special diet may be immediately followed.

This special diet list, agreed upon by doctor and dietitian, may take a little time to prepare at the outset, but the time saved afterward is, indeed, worth while. The order going to the dietitian then may merely read "high in iron," "salt free," "diabetic," etc. There will be no necessity for a specific order. This means that such a diet list prepared for the dietitian and student nurses in the diet kitchen will save time for both doctor and dietitian. Then, too, the nurse on floor duty should have such a list in order to see that the patient is actually given the food intended for him, as well as noting the amounts

of food eaten and the result gained. The latter is, of course, especially noted in diseases treated by diet only.

The following diet for a diabetic is an example of the factors discussed:

DIABETIC DIET

Breakfast

- 3 eggs with 25 gms. bacon
- 3 biscuits with 20 gms. butter
- 1 cup strong coffee with 25 cc. cream

Dinner

- 1 cup bouillon
- 100 gms. beefsteak or roast beef (weighed, cooked)
- Boiled cabbage or cauliflower with butter sauce (*ad lib*)
- Lettuce with olive oil dressing
- 25 gms. cream cheese
- Coffee jelly with 25 cc. cream
- 3 biscuits with 20 gms. butter

4-5 P. M.

- Coffee or tea with 25 cc. cream
- 100 gms. fish (weighed, cooked)
- 2 eggs
- Asparagus as salad or with hot butter sauce
- 3 biscuits with 20 gms. butter
- 1 doz. almonds

These menus for the day could be placed in the main diet kitchen as well as on the floor for the day nurse. Unless the hospital specializes in such cases, there is not apt to be a repetition of this very often. It is very necessary to weigh and measure everything accurately.

There is one situation which almost necessitates the use of printed diet slips, that of a hospital which has no trained dietitian. The housekeeper usually supervises the buying of the food, its preparation and serving, while the superintendent of nurses, or one of the physicians, teaches dietetics to the nurses. The need for diet slips indicating the foods to be served in given cases is obvious. Unless there are very special directions regarding diet, it would seem advisable for the housekeeper to send the menus for the day to the head nurse on each floor or in each ward. The nurse could then make out a diet slip showing the number of servings of each food which she will require for her patients. This is more economical, as well as more helpful to the woman in charge of the main kitchen.

For those who are just taking up the duties of a dietitian or for

those who have no special training the following books may prove helpful: *Essentials of Dietetics*, by Maude S. Perry; *Science of Living*, by W. S. Sadler, which deals with diet lists; and *Diet Lists*, by Carter, a new edition of which has just been issued.

SOME EXPERIENCES IN ACTIVE SERVICE—FRANCE

BY GRACE E. ALLISON, R.N

Cleveland, Ohio

PART III

(Continued from page 359)

The wounded are carried by stretcher bearers to the First Aid Dressing Stations, situated just back of the firing area at the front. From there they are sent by means of ambulances to the nearest emergency hospitals, called Casualty Clearing Stations. These were situated from four to ten miles back of the firing line and were arranged in groups of four hospitals, adjacent to one another, each having about one thousand patients and its own separate organization. Many of these hospitals were wooden structures, often made portable that they might be transported easily from place to place. Others were entirely tent hospitals, while still others were a combination of the two. During a drive, the patients were rushed in, in very large numbers, first to one hospital until it was completely filled, and then to another, until the fourth was filled to capacity or overcrowded. This was accomplished in but a few hours, in a time of great activity, or in a few days, during ordinary conditions. While the hospitals numbers three or four were being filled, numbers one and two were extremely busy, operating upon hundreds of cases, evacuating them to the hospitals farther back and, when the occasion permitted, making supplies and other necessities for the time when that hospital would admit patients again. Many instances have occurred where the admissions were in such large numbers that there was not sufficient roof covering to protect all patients and they were obliged to remain on stretchers outside the operating room pavilion, awaiting their turn in the operating room. The operations there were conducted by surgical teams, the personnel of which consisted of two surgeons, an anaesthetist, two nurses, and two orderlies, all of whom were sent from the Base Hospitals. The work there was extremely heavy, the strain being unusually great, as these cases were fresh from the field and the conditions found were indescribable. Formerly, nurses were assigned there for a period of six months, often working from

ay prove
of Living,
y Carter,

RANCE

First Aid
the front.
e nearest
these were
were ar-
her, each
anization.
e portable
Others
nation of
very large
and then
rcrowded.
t activity,
hospitals
two were
ing them
ited, mak-
t hospital
ed where
was not
re obliged
awaiting
were con-
d of two
of whom
extremely
fresh from
ly, nurses
ting from

twelve to sixteen, and even eighteen hours a day. This period was later reduced, as it was found necessary to relieve nurses for shorter periods. Many of these hospitals have not only been shelled, but bombed, and during favorable weather the German aeroplanes have appeared over these hospitals, dropping bombs regularly, on many successive nights. Each hospital was provided with dug-outs where members of the personnel were ordered to retreat in case of immediate danger. Many times, however, officers and nurses remained at the operating tables while bombs were dropping in various surrounding directions. One nurse with this Unit happened to be on night duty when a bomb dropped on her cot, completely demolishing it. Our unit was fortunate in not having lost a life among its personnel through this means of destruction.

A railroad adjoined these hospitals in order that the wounded might be easily and expeditiously transferred by means of ambulance trains to the Base Hospitals, which were from sixty to one hundred miles distant from the front. These trains were fairly comfortable and provided ample means for giving the necessary care to the wounded during their transportation. Operating rooms were installed and were well equipped to perform such operations and dressings as were ordered for close observation and attention during the journey. Owing to the fact that ammunition trains had the right-of-way, the ambulance trains were often delayed for twenty-four hours or more, and the wounded were exhausted when reaching the more permanent hospital. The organization at Rouen, which was responsible for the transportation of the wounded to the various eleven hospitals situated there under the authority of the British Army, was very complete and capable of permitting efficient service. An officer known as the D. D. M. S. (Deputy Director, Medical Service) received full information regarding the wounded patients, as it pertained to their arrival, reception, and departure to other areas. A notice was sent from general headquarters in this area to all hospitals, giving advance notice of the number of patients to be admitted.

"Convoys In." When the ambulance trains arrived at the station they were met by numbers of automobile ambulances, to which the wounded were hurriedly transferred and taken to the particular hospitals to which they were assigned. The main roadway was often lined with ambulances, coming and going, for a distance of three or four miles and the procession might continue for hours. The convoy bugle call announced the approach of the ambulances at the hospitals. The old sight-seeing cars, such as we formerly saw in our cities before the war, filled with the walking wounded, usually were the first appearance of a "Convoy In" at the Base. These patients hobble out,

assisted by those more fortunate, but nevertheless wounded, or by the American boys called orderlies, who were waiting to receive them. It was a familiar sight to see an American orderly carrying on his back a Tommy whose wounds made it difficult for him to walk. These patients were assigned temporarily to a receiving tent, and later were sent to the bath-house. There all clothing was assembled and was sent to the fumigating department. The patients received a complete clean outfit, including a blue convalescent suit, and were later assigned to their regular quarters as "walking convalescent patients." The dressing of the wounds of these patients was done in a separate department known as "The Surgical Dressing Tent." This was a very busy department, three hundred dressings a day often being done by three nurses with the assistance of orderlies and convalescent patients. Hot dressings were often used and were found to promote the cleaning up of wounds in a very short time. As these dressings were boiled by means of small kerosene stoves, it was very difficult to provide them in sufficient quantities.

The arrival of the stretcher cases, often numbering from one to three hundred, called forth much activity. They were carried through the Admission Hut and were quickly despatched to the wards to which they were assigned. The patients were carefully placed on their beds, over which convoy blankets had been placed to receive them. These beds were screened off, and the orderlies bathed the patients, leaving them in clean, comfortable beds, the first they had had for many weeks or months. Hot liquid nourishment was also provided shortly after admission, it being necessary frequently to awaken these patients, who were so exhausted from long hours of travel with accompanying loss of sleep. The nurses cut down all dressings for the inspection of members of the surgical staff. Some of the conditions seen were too terrible for comprehension. Some patients, who had lain in shell holes, without necessary medical attention, came with wounds infected with maggots; others were admitted who had lost both legs, while still others were found with great pieces of muscle and flesh torn out by shells and shrapnel. I recall the admission of an Irish boy, nineteen years old, who had lost not only his left eye, but his left arm and leg, and had received serious wounds in the right leg, abdomen and back. He remained at this Base for several weeks and was then transferred to England. The gassed patients present one of the saddest sights to be seen, with their eyes swollen and discharging, the body covered with blisters, with the accompanying pain, and with apparent discomfort in the respiratory tract which, having a moist mucous surface, is affected seriously. These patients expectorate quantities of blood and nearly all are unable to speak above

a whisper. In a single day seven hundred of these patients were admitted. This was Germany's plan in the beginning of an offensive. The gas can neither be seen nor detected by its odor, and for this reason cannot be offset by any act of courage on the part of the soldier.

The number of patients admitted and discharged daily varied, depending upon the necessity for vacant beds, the condition of the patients, and the transportation facilities available. The closing of the Channel for the purpose of clearing it of mines, sometimes delayed the transfer of the patients to England.

During the admission of a convoy, it was customary to distribute the patients to the wards having the greatest number of vacancies, unless it interfered with the regulation of treating like wounds in distinct wards. A ward often admitted as many as twenty new stretcher patients, which entailed much work on the part of the nurses. In a ward of forty beds, two nurses were usually assigned to the Medical Service and perhaps three to the Surgical Division, where the dressings often consumed the time of one nurse the greater part of one day. Nursing at night was extremely difficult on account of the few lights permitted, owing to the frequent air raids. One nurse and an orderly were expected to care for as many as forty surgical patients, or for eighty on the medical division. The night nurse inspected the dressings, watching for hemorrhages, going from bed to bed with a lantern which was shaded to prevent the light from being seen through the windows. One nurse detected eight hemorrhages in a single night, and it is to the credit of the efficient and faithful service given that not one patient has met death for reason of delay in recognizing a hemorrhage. One instance occurred where the life of a patient was saved by a nurse who made constant heavy pressure with her bare hand buried deeply in the wound until the hand became discolored.

"Convoys Out" occurred almost nightly, too, which increased the work of the nurse on duty. Clean linen, warm covering, fresh dressings on wounds, and nourishment, were provided for each patient before leaving. Often stretchers were coming and going most of the night, and new patients would occupy the beds just vacated.

Many German prison camps were established in this district. A few acres of land, enclosed by a barbed wire fence, with numberless tents within, well guarded on every side, made a familiar sight to those who passed. These prisoners did their own cooking in large iron kettles and they seemed well nourished with the rations allotted. During the eight-hour period of daily labor they repaired roads, performed some carpenter work, dug trenches, or did other work. Perhaps the most conspicuous feature about them was their slow

movement. No conversation was permitted with them and, being under guard constantly, they maintained obedient conduct at all times.

The need for recreation was keenly felt by the nurses, as the depressing scenes and continuous strain contributed toward a melancholy state of mind which required counteraction. Various musical entertainments at the different hospitals were given weekly and officers and nurses were invited to the Y. M. C. A. entertainments regularly. Many of these were given by talented casts who were engaged to perform in the many Army camps. Music and color were, perhaps, the most needed means of diversion. Our large orchestra of about thirty members often offered some enjoyable selections. It was difficult, however, to develop the work to any extent owing to the musicians being convalescent patients, who were sent back to the front as their condition permitted. Walking through the beautiful woods was also a means of enjoyment frequently sought. One could walk to one of many neighboring villages, enjoy a cup of tea, with an omelet, and return to camp much rested. Rain rarely interfered, as all were provided with rubber boots, raincoats, and hats, and the atmosphere was particularly refreshing.

The city of Rouen, being so old and picturesque, offered many objects of interest. The old cathedral built in the 12th century still stands unharmed, although the rare windows were removed for safety, others having been substituted during the war period.

(To be continued)

THE INDUSTRIAL NURSE IN RELATION TO PUBLIC HEALTH¹

BY JEANNETTE D. KING

Industrial Nurse for Montgomery Ward & Company, Chicago, Illinois

When asked to talk on this all-important topic, it was hard to persuade myself that I should do the matter justice. To try to crowd into a few minutes the multiplicity of suggestions and facts which relate to the public health, as we of our profession see it daily, seems futile, and many times has that time-worn bromide, "You can't improve a lily by painting it," come to my mind.

However, it would seem that finally the industrial nurse is coming into her own kingdom. I have never thought that a nurse who simply "nursed," after two or three years of intensive training, and who

¹ Read at the Industrial Nurses' Round Table, Illinois State Association, December 13.

being un-
times.
s the de-
lancholy
al enter-
officers
regularly.
l to per-
aps, the
t thirty
difficult,
usicians
as their
was also
o one of
plet, and
ere pro-
ere was
d many
ury still
r safety,
TO
Illinois
hard to
try to
nd facts
n see it
romide,
coming
o simply
nd who
sociation,

finally, if she were fortunate, married the bereaved husband of her late patient, while he was still weepy and incautious,—I have never felt that she had gotten out of her training all that she put into it. She might be a conscientious nurse and give herself faithfully to her patients, but she would have restricted her knowledge to *too few*. She would be only a wage-earner, having a value as such, but of no more comparative value than any other wage-earner,—a shop clerk, or a stenographer. If, after the harrowing experience of training, a nurse ends with only taking temperatures or giving sponge baths, she is not doing all that her value to the community warrants. All of you have felt that. That is why you are all doing some public work, which allows wider application of one's knowledge of disease and hygiene than simply taking care of the sick.

In industrial work, we can consider that each employee represents an average of five. Any instruction that is given along the line of right and proper living will never be restricted to the individual. He or she is going to carry your ideas home. That is why I think the industrial nurse must be the best-trained nurse in the world, as she is really a teacher. Numberless nurses come to me to seek employment. Always it is the same story; they wish shorter hours and their evenings at home. No industrial nurse ever got anywhere, with that as her one ambition. While her hours may be shorter, they are infinitely fuller, if she accomplishes anything for her firm or for her community.

The thing that appalls us, as we inspect the girls and women who come to us, is their ignorance of life and health. Their clothing may be of good quality, but poorly selected for a working day. Their shoes will be expensive,—perhaps bought at the expense of food and proper housing, but altogether unsuitable for working hours. Their complexions may be correctly made up, but will cover defects that only soap and water can remove. All these things you will notice at a glance. In a few kindly spoken words, you can tell them that a business woman must dress the part, and that chorus-girl get-ups are not suited to business hours. Most of the girls do not know any better. They imitate those more comfortably situated. If we are the proper kind of industrial nurses, it will not be many months before their hair will be properly dressed, their dresses reach proper length, and their nails show the effect of attention. What can we expect of them? They come to us from all sorts and conditions of homes. They are put at work when they should be in school. It is to their credit that they wish to look nice and well-dressed. The trouble is that they have, in the majority of cases, no one to advise or direct them. Therefore the burden rests with us and we should not forget for a moment that we

are teachers. We are professional women,—and on that account we have to be patient, courteous and alert. We must always raise our girls to our plane of good manners, never descend to the plane which their inexperience and hazards of living have made necessary for them. If our girls do not go out from our offices with their heads carried a little higher, with their shoulders borne a little more independently,—just to that extent we have failed. We have had an opportunity, and have lost it.

In inspecting our girls and women, we pay special attention to the teeth. Having a dental department in connection with our medical department, where we employ five dentists, we can see to it that the teeth of our employees are taken care of, but it is the new people whom we need to educate. We do not reject new applicants on account of imperfect teeth, but we give them two months in which to have them put in order. The work is done at cost, on the company's time, and a specified amount is taken out of their pay envelopes each week until it is paid for. We strongly advise our people and their families to have their teeth x-rayed in cases of neuritis, rheumatism, neuralgia, and several other ailments.

In our inspection of new applicants we also find many girls troubled with pediculosis. I recall rejecting 24 girls in a single day for that particular offense against society at large; we could not put them to work, but with the shortage-of-labor question confronting us, we decided as a war measure to remedy conditions for them and for us by establishing what we call, for lack of a better name, our "Bugatorium." Instead of telling the girl what to do, knowing full well that the chances were that she would never follow the prescribed directions, we simply send her to the Bugatorium and keep her there for half a day, while the woman in charge cleans head and hair, according to Hoyle. Then we follow up each case every week, to see that the girl has instructed her mother how to take care of other members of her family. You may think this is strenuous treatment, but the girls themselves are most grateful and appreciative.

The main desire of every industrial nurse is to stamp out tuberculosis, so we must always be alert for symptoms. Although we make no systematic examination of employees, on the first of each month I notify all division managers to send to me all persons who are below par, on work and in appearance. These employees are examined by our doctor and are put on the malted milk list. It has been observed by students of economics that a worker will apply herself with an upward curve of efficiency until about ten in the morning; from then on, the curve dips until luncheon time. After the refreshment of food and rest, she works very well until about three in the afternoon, then

she begins to lag again and reaches her lowest mark about half an hour before closing time. A plan for anticipating and preventing these periods of exhaustion should assure a decided saving in health and energy. With this end in view, we installed a department where malted milk is served to every employee who feels that he would be benefited by it. A ten-ounce glass, double strength, is given free at ten in the morning and again at three in the afternoon. While the apparent expense of this seems large, even from a business point of view it is a good investment. Naturally in so large a plant, many come to us after a hasty and insufficient breakfast. They cannot do good work on empty stomachs, and at ten o'clock the firm supplies the necessary food and heat units for the day's required energy. According to our recorded experiments, the consistent use of it has resulted in health and energy that more than offset its cost and trouble. Each month I weigh and look over every person on the malted milk diet list, and if I find one who is not gaining or who is losing, we endeavor in every way to find a cause for such reduced energy.

When the girls do not improve to satisfy us, and if there are no signs of tuberculosis we send them to our Rest Home at Warrenville for several weeks, at our own expense. By operating a home of this kind ourselves, we are able to give the girls the best of food, well balanced meals, fresh butter and eggs, pure milk and cream, and all that makes for health and efficiency. Under such treatment many have gained from seven to twenty-four pounds, in from three weeks to three months, and we find, on returning to work, they seem to retain the weight thus gained, and in many cases we have registered complete restoration to health.

Coöperating with us in every way, our firm has encouraged us by making us feel that they consider it a good investment to spend sixty thousand dollars a year on our Medical Department, as the employees respond to our efforts by showing more loyalty, and by doing more and better work, when we thus interest ourselves in them, in sickness as well as in health.

Since we furnish physicians and nurses free, pay all hospital and drug bills, as well as take care of the rest of their families when our employees are sick,—we must do our best to keep our employees well and happy,—and during my six years in this position I have found that we spend 75 per cent of our time preventing sickness and 25 per cent curing it, while only a few years ago, the ratio was just the reverse.

In general health conditions, the greatest responsibility rests with the visiting nurse. The big family of nurses is divided into two classes; those who are inefficient and those who are of real service.

The former can upset a household much more effectually than the old-time bull in a china shop; the latter can bring order out of chaos almost by her mere presence. A poor nurse can worry along with medical and surgical cases, because she can be a mere machine, if she chooses; but a poor visiting nurse is indeed a tragedy. It requires infinite tact to enter a home uninvited and make herself not only welcome, but necessary. The actual physical condition of her patient is only part of her concern. She must observe the home conditions to ascertain whether they are correctable or not; if the family is badly housed, or poorly nourished, she must report on that; she can give advice about the baby's food, the care of sputum, the need of ventilation, a thousand and one things that her practiced eye will observe of which the household has no knowledge. People who are financially poor are apt to be poor in so many things. Often they have no knowledge of real economy. If they can be taught to use milk, meats and fats to the best advantage, that will indeed be a lesson worth while. Often a family will need to be taken out of a basement, often frail children have adenoids, often the husband drinks, often the daughter spends too much money on externals, too little on proper underclothing.

Thus, you see, there is no end to the work at hand for the industrial nurse, or the value that she can be to a community, if she will but rise to the occasion as all true nurses should, keenly alive to possibilities and relentless in the thoroughness of applied remedies for any situation.

"Many a diffuse and ineffective speaker is a concise and effective writer. One means of attaining that desirable result may be described. When the subject is selected, write or dictate everything that may be in the mind or that may occur as pertinent to it. Then do three things. First, select a definite title or a clear definite text. Write it in clear large words; set it up before you on your desk; take your paper, a good blue pencil and mercilessly cut out everything that does not conform with the text. Ability to 'follow the text' is one of the highest attributes of the human mind. Second, go over the various paragraphs that remain and arrange them in logical order. Third, go over what is then left and study each important word and select synonyms that will best express the thought in your mind."

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

THE MOVEMENT FOR SHORTER HOURS IN NURSES' TRAINING SCHOOLS

Nurses' Organizations Take an Important Step.—At the January meeting of representatives of the three national nursing associations, it was decided that the time had come to undertake a definite movement for shorter hours in nursing schools. Plans are being made to bring this matter to the attention of trustees and superintendents of hospitals throughout the country and to enlist the support of a great many influential organizations and of the general public in establishing an *eight-hour day* and a *fifty-two-hour week* for pupil nurses.

It is scarcely necessary to convince nurses themselves of the need for shorter hours in training schools or to ask for their support and coöperation in the coming campaign. From long observation and from personal experience we have seen the effects of the long hours of hospital duty and we know that they are injurious not only to the individual pupils, but to the nursing schools themselves and to the nursing profession as a whole. We know that the long hours do injure the health of pupil nurses and sap their energy and their spirit. We know that they seriously interfere with all our efforts to improve the educational work in our schools. We know that it is the long hours of duty more than any other one thing, which discourages young nurses and makes them drop out of training schools,—indeed so deep-rooted is the objection to long hours and over work in the average hospital that we are no longer able to attract into our schools enough good candidates to carry on our work. There is no doubt that this question is at the root of many of our most difficult problems in nursing to-day, and that we shall not be able to get much farther until we have tackled it.

In our devotion to our hospitals, and our desire not to complicate their already difficult problems, nurses have hesitated a long time to take a definite stand on this question and have labored for many years under conditions which we have been unable to justify and yet seemingly unable to help. But we have finally come to the point where we simply cannot afford to let the matter drift any longer. Now that our organizations have taken hold, there is not much doubt that the campaign will be effectively carried on and that it will succeed.

There are two or three things which ought to be made clear in the very beginning. One is that graduate nurses are not seeking anything for themselves in this movement. We are not proposing that

the eight-hour day should apply to the private nurse or even to the graduate nurses in hospitals,—only to the pupils in training. It is primarily an educational rather than a purely economic problem. The nurse must be considered as a student not as an employee, and for this reason the point of attack will have to be rather different from that usually adopted in supporting shorter hours for wage-earners.

Further, in backing this movement we wish it distinctly understood that we are not in any way guilty of disloyalty to our hospitals, nor do we wish to arouse public antagonism to them. We know that some of the responsibility lies at our doors, as well as theirs. We are confident that the majority of trustees and superintendents of hospitals have only to consider the actual facts of the case, and to know the attitude of the public on this question and they will be ready to do the right thing by their pupil nurses. We are just as much concerned as they are in maintaining the good name and the efficiency of hospitals, and this is one of the reasons why we feel justified in urging a change of policy in the matter of students' hours. We know that the hospital will do better work if it brings itself more in line with modern standards of efficiency and good business principles. An institution which claims the support of the public as a scientific and humanitarian institution, cannot afford to be so far behind many frankly commercial enterprises in caring for the health of its workers, and cannot any longer refuse to apply the scientific discoveries regarding the nature and effects of fatigue which are now almost universally known and accepted by even the man in the street.

Nurses who wish to present the case for shorter hours in a reasonable and convincing way, will have to be familiar with these recent discoveries, and be able to quote the opinions and evidence of experts in this field.

What Scientific Experts Say About the Effects of Long Hours and Overwork.—The most comprehensive and authoritative discussion of this whole question will be found in Josephine Goldmark's book on *Fatigue and Efficiency*. Miss Goldmark gives very clearly and simply all the scientific evidence from physiologists, psychologists, chemists, physicians, etc., to show just what the nature of fatigue is and what it does to the human body.

A few of the more important of these facts are summarized here. It is of course a well established scientific fact that the waste products generated by long continued muscular action, act as a toxin or poison on the body, and unless this poison is eliminated during the resting period following, it will inevitably affect injuriously the muscles, the nerves, the sense organs and all the physical and mental activities of the individual.

The results of fatigue are *cumulative*—that is, the little overstrain each day which is not fully compensated and which may scarcely be noticed at all, gradually encroaches upon the worker's total strength and endurance and soon permanently lowers the capacity for work and the general level of health. It has been proven that after real fatigue sets in, it takes a much greater effort to overcome it and a longer period of rest to recuperate, than if work is stopped always before the point of exhaustion is reached.

In proportion as physical work is at the same time mentally fatiguing—the greater the attentiveness it requires, so much the sooner does fatigue appear. People working under nervous strain need longer time for rest and recreation than do those doing purely physical work.

The condition of fatigue is *not always conscious*, the health being often seriously undermined without the subject feeling the ordinary symptoms of tiredness at all. Experts speak of a kind of fatigue anaesthesia with which many of us are familiar, which creates a false exhilaration, an over-stimulation, concealing the underlying condition and driving the worker on to greater effort. The collapse, when it comes, in these cases is likely to be much more serious than where people feel tired more readily and "give in" sooner. The effect of fatigue on younger people who have not reached their full maturity, is generally known to be more serious than on older people. The age between twenty and thirty years seems to be the most susceptible in relation to nervous disorders brought on by over-work and over-strain. It is proven that women are more susceptible to fatigue than men and that when they do break down they take longer to get back to normal health. Fatigue has also a decided effect in reducing fertility in women, and in undermining racial vitality.

The relation of over-work and long hours to illness is supported by a wealth of clinical evidence. Fatigue is declared "to constitute a permanent predisposition to all diseases." It creates a condition of lowered resistance which not only invites infections of all kinds but also aggravates the course of the disease, and increases the morbidity. The conditions commonly resulting from over-work are colds, sore throats, infected fingers, indigestion, insomnia, anaemia and heart troubles, as well as the more serious infections such as tuberculosis, pneumonia, diphtheria, etc. It has been abundantly proven in other fields of work where statistics have been kept that with shorter hours there is much less time lost for sickness, and the mortality rate is lower. One authority states that men on twelve-hour duty were found to have 75 per cent more sickness than men on an eight-hour day.

The relation of fatigue to accidents and mistakes has been well

established. The attention flags, there is difficulty in concentrating thought, reaction time is diminished, the senses of touch, hearing, and sight are also impaired, and the result is that accidents often occur which injure the worker, herself, or others. We know that in nursing where concentrated attention and alertness are so necessary, the patient's life is often endangered by the mistakes or oversight of an over-tired nurse.

The first sign of fatigue is usually a diminished output and a deterioration in the quality of the work done. This is something which can often be actually counted in dollars and cents and, astonishing as it may seem, the evidence all shows that with shorter hours the production is more and the cost less, than with long hours. The most interesting study of this question is found in the report of the English Ministry of Munitions on the Health of the Munitions Worker, published in 1917. Under the demands of war, the women in munitions factories were working long hours with a good deal of overtime, and their health was evidently being affected. It was proven that by reducing the hours, and giving the necessary daily and weekly rest periods, the health of the workers was greatly improved and the output of munitions was increased instead of decreased. This whole report is exceedingly interesting and pertinent.

The questions of overtime and of night work are fully discussed in this report and in Miss Goldmark's book. It is proven that work after hours is nearly always poor work, and that when one goes beyond the point where normal fatigue has set in, it takes twice or three times as long to get back to the normal again. There is every evidence that night work is harder on the health than day work, that there is more illness among night workers, and that the quality of the work as well as the morale of the worker, inevitably suffers. The effect of long hours in reducing mental activity has also been abundantly proven. The mind which is drugged by the toxins of fatigue does not grasp ideas so readily, does not remember them so well, cannot maintain attention for any period of time, cannot concentrate on study or on any form of mental work. Long hours of work are fatal to any kind of live intellectual activity.

With the lowering of physical resistance and the dulling of the mental powers, it is shown that there is nearly always a weakening of moral resistance as well, due to over-strain and over-work. Men and women who are physically exhausted have less self-control, they lose their stamina and their spirit, they become listless and depressed or they become feverish and restless and constantly crave excitement or stimulation of some kind. Often they are irritable and discontented or hypersensitive and excitable and this inevitably affects all their

entrating
ring, and
ten occur
n nursing
sary, the
ght of an

ut and a
ng which
ishing as
s the pro-
the most in-
the English
ker, pub-
nunitions
time, and
at by re-
ekly rest
l the out-
whole re-

discussed
hat work
goes be-
or three
evidence
t there is
the work
effect of
undantly
gue does
l, cannot
on study
al to any

ng of the
eakening
rk. Men
rol, they
epressed
citemt
ontended
all their

work and their relationships with other people. Even when tired people are not markedly abnormal, there is a constant feeling of "staleness" which inevitably affects their ambitions and their outlook on life.

Besides the two books mentioned, nurses will find a great deal of excellent material in a brief of the Supreme Court entitled The Case of the Shorter Work Day which is reprinted by the National Consumers' League, 289 Fourth Avenue, New York. This brief contains evidence from a very large number of experts, both in this country and abroad. A shorter brief presenting the case of the California eight-hour law as applied to nursing schools, will also be found to be very suggestive. A few copies of this brief may be obtained from the National Consumers' League.

A recent book by Dr. Frederick S. Lee entitled The Human Machine and Industrial Efficiency, gives an excellent and very readable summary of recent experiments and studies carried out largely in connection with war industries. A few of his recommendations for keeping workers at their best are quoted here. It is well to remember that the great object during the war was to get the maximum product from every worker.

In order to preserve the working power, daily fatigue should not be so great that it cannot be substantially removed by the night's rest; weekly fatigue ought likewise to be dispelled by the rest of Sunday. If this is not accomplished, if there is a residue of this powerful obstacle to efficiency accumulating from day to day and from week to week, serious results will surely follow.

If night work is necessitated it should be confined to men only, and the working night should not be longer than the working day. Exact records of the output of all individual workers should be kept, where the nature of the work makes it possible, and the effects on output, of changes in the working conditions, should be carefully observed. Constant watch should be made, with the help of exact tests if possible, for evidences of over-fatigue, and if they are found, the conditions of labor for the individual should be lightened. Overtime should be resorted to, if at all, only in occasional emergencies, and should be followed by at least an equal period of rest taken from the following day's work. Six working days should be followed by one day of rest. Legal holidays should be strictly observed, and a half-holiday on a week day is advisable.

The Committee on Education of the National League of Nursing Education, of which Miss Nutting is chairman, has now in preparation some material in pamphlet form which will help in gathering together the most important arguments from these and other sources. It is expected that every nurse in the country will make herself responsible for her share in this campaign. If she does, it is safe to say that before the year 1920, the eight-hour day for pupil nurses will be an accomplished fact, and we shall have taken another big step in the advancement of nursing education.

When
1920
it -

THE RED CROSS

BY CLARA D. NOYES, R.N.

Acting Director, Department of Nursing

THE CHAUTAUQUA PROGRAM

In a town in the southern mountains, a Red Cross nurse stopped at a small hotel to spend the night. She was "on the road" with a Chautauqua Circuit which "made" many of the small towns in the Carolinas, Georgia and Florida, and she thought that she "knew about everything in the way of rustic hotels," but she was to have a surprise that night. While she was endeavoring to "eat what was set before her," a portly hog attended by a large and flourishing family, appeared before the tattered screen door. She sniffed inquiringly for a moment, shouldered her way confidently through the torn screen with a familiarity which bespoke long practice, and ambled down the hall into the dining room, and stood regarding the nurse's plate with small moist eyes, which gleamed enviously. "And that is one of the reasons," laughed the nurse, "that I am on the Chautauqua Circuit, for when pigs become friendly lap-dogs, it is time for the nursing profession to go out and preach the gospel of public health to every audience that will listen.

Because the Chautauqua itineraries offer almost unequalled opportunities for delivering such a message to the communities most in need of public health nursing—i. e., small towns with a population of 3000 to 15,000, and rural communities, the Red Cross is placing on the majority of the Chautauqua Circuits in the country, during the coming summer, nurses who will speak on public health. The Department of Nursing is particularly anxious to secure for this work nurses who can use their overseas experience as a medium through which to arouse and hold the interest of their audiences. After a brief twenty-minute talk on their war experiences, the nurses will deliver their message concerning health education and protection, and will endeavor to arouse their audiences to organize some definite means to better community health.

This Chautauqua campaign will be more, however, than an organized effort to further public health nursing activities. Its second object will be to further health education, by urging women to take the Red Cross courses of instruction in Home Hygiene and Care of the Sick and Home Dietetics, so that they will be better fitted to maintain to the highest degree the health of their families, and to nurse members of their households in time of minor illnesses. In many of the communities which constitute the larger part of the Chautauqua

itineraries, the women are, as in the early pioneer days, the sole guardians of the lives of their families in time of illness. Since the services of graduate nurses are almost impossible to secure in these communities, and since health is largely a matter of home protection and care, if to the native self-reliance and initiative of these women were added elementary knowledge of nursing procedure and of the principles of home hygiene and sanitation, a great advance in community health might result.

The Red Cross will offer every possible means of coöperation to assist these nurses. They will be announced as the official representatives of the Department of Nursing, and publicity in the form of local press material, postage, and general public health propaganda, will be extended by National Headquarters operating through the Red Cross Division offices on the Chautauqua itinerary. The nurses will be under contract to the Red Cross, rather than to the Chautauquas, and in this way, local Red Cross chapters, branches and auxiliaries will be linked up in the work which the speaker will endeavor to do.

In order that any interest and enthusiasm which may be aroused by these nurses shall be directed into definite public health work, the Red Cross plans to follow up the nurses' lectures with a definite organization program. In towns where there are already public health activities, no effort other than coöperation, on the part of the Red Cross will be made, and any contributions for public health work which the nurses may have raised, will be turned over directly to the organizations already existing for this purpose. In communities where there is as yet no definite organization through which public health work would function, however, the Red Cross nurse will be associated with the local Red Cross chapter committees on nursing activities, now under organization in the Division offices. The need for such "follow-up" organization has been demonstrated in the work of Red Cross nurses speaking upon Chautauqua circuits in the past. In one town \$1,800.00 was raised by a Red Cross lecturer for the purpose of employing a public health nurse, but after the nurse had gone on to her next appointment, the fund was left untouched in the local bank, as there was no one in this town to whom she might delegate the responsibility for carrying on the work which had been so well started. Through some definite "follow-up campaign," under the Division Director of Public Health Nursing, the Red Cross hopes in the future to avoid such a loss of effort and enthusiasm.

The Department of Nursing feels that among the readers of the JOURNAL there may be nurses who will be interested in speaking on the Chautauqua platform. The gift of a "silver tongue" is not in the least necessary for this work, as the nurse who can deliver her message

simply and clearly, with earnestness and enthusiasm, will often hold her audience far better than if she were "an orator of the old school." The Chautauqua audience is, also, one of high calibre, and by reason of the picturesque interest of the work, as well as of the coöperation which the Red Cross will extend to these speakers, the Department of Nursing hopes that any readers of the JOURNAL who may "feel the call" to go out and preach this gospel of public health, will communicate at once with the National Red Cross headquarters.

Frances B. Maltby, graduate of the Union Protestant Infirmary of Baltimore, and Edith M. Benn, graduate of the New York City Hospital, started on February 3, with the Radcliffe Chautauqua. Florence E. Besley, graduate of the Columbia Hospital for Women and Children, Washington, D. C., and a member of the Red Cross Town and Country Nursing Service, began her itinerary on the 27th of February. All three of these nurses have had long experience in Chautauqua work.

RED CROSS PUBLIC HEALTH SCHOLARSHIPS

As the purpose of the Chautauqua campaign will be to interest the communities to employ a public health nurse, it is of vital importance that the demand created for such a campaign may in no way exceed the supply of public health nurses for such service. The Red Cross calls attention again to the \$30,000.00 Scholarship and Loan Fund appropriated by the Red Cross War Council to equip nurses now being mustered out of military service for public health work. All information regarding these funds may be obtained either through the Red Cross Bureau of Information, 44 East 23rd Street, New York City, or at National Headquarters, Washington, D. C.

RED CROSS BUREAU OF INFORMATION

On January 1, 1919, the Bureau of Information took over the work of the Student Enrollment from the Committee on Nursing of the Council of National Defense and the Army School of Nursing. R. Inde Albaugh, secretary of the State Examiners' Board of Connecticut, in which capacity she conducted the state survey of nursing resources, will have charge of the student assignment. Ysabella Waters, graduate of Johns Hopkins Training School for Nurses, who was for some time Miss Wald's assistant at the Henry Street Settlement, will serve as the dual representative of the National Organization of Public Health Nursing and of the Red Cross Bureau of Public Health Nursing at the Bureau of Information in New York. The Department of Nursing wishes to call the attention of the readers of the JOURNAL especially to the fact that the services of this Bureau are

often hold school." by reason operation department "feel the communica- Infirmary York City autauqua. r Women Red Cross the 27th erience in to interest al import- in no way The Red and Loan nurses now work. All through New York over the ursing of Nursing. of Con- f nursing Ysabella rses, who et Settle- Organiza- of Public rk. The leaders of ureau are

in no means restricted to nurses enrolled in the Red Cross. It is open to all the nurses in the country, but is particularly organized to facilitate the return to civilian service of nurses now being mustered out of duty in the Army and Navy Nurse Corps, and the United States Public Health Service.

FOREIGN RED CROSS NURSING ACTIVITIES

In the Balkans.—A letter from Helen Scott Hay, Chief Nurse of the Red Cross Commission to the Balkans, states in general the plan which is now under organization in that country. Nine hospitals, with a total nursing staff of approximately sixty nurses, are being established in northern Serbia with additional units for Montenegro, Roumania and Greece. A hospital of 100 to 200 beds will be established immediately in Belgrade under Dr. George de Tarnowski. Harriet Leete, a graduate of the Lakeside Hospital and a member of that Base Hospital Unit organized and assigned by the Red Cross Nursing Service to the Government in 1917, will be in charge of the nurses at the Belgrade Hospital. Two additional hospitals with a capacity of approximately 150 beds are also under process of organization for other large cities in Serbia. "In towns of 10,000 to 20,000 inhabitants," writes Miss Hay, "we are also to have at least five small hospitals of fifty beds each. The work here will be under the direction of a head nurse, assisted by nurses for traveling dispensary work, and for visiting nursing in the immediate vicinity. This will be, in my estimation, by far the most interesting of all our activities." Rachel Torrance, who joined the Balkan Unit in London, Caroline Robinson, and Marietta Wilsey will be in charge of such nursing units.

The following nurses will be in service in northern Serbia:

Julia S. Phillips, Carrie E. Rosebrook, Mary Mingane, Elizabeth Proctor, Irene MacDonald, Mary Lydia Snow, Kathryn Williams, Helen Laberge, Edna V. Meuret, Faith Dennison, Eleanore Blackstone, Edith L. Wood, Marie Louise McDowell, Margaret Johnson, Marion Ross, Blanche E. Gilbert, Mary Flemming, Anna Rowe, Inez Gilliland, Maude Heath, Caroline E. Robinson, Marietta Wilsey, Rachel C. Torrance, Harriet L. Leete, Eugenia Bogart, Beatrice Giles.

A group of thirteen Red Cross nurses, under Georgia Greene, a graduate of the Hospital for Women and Children, Boston, Mass., will be sent to Montenegro. These nurses are as follows:

Minnie Parrish, Emily de Hart Chaney, Mary T. Beulshausen, Olivia E. Hamilton, Helen R. Watson, Bernice Brady, Mildred Williamson, Anna W. Anderson, Elizabeth Mitchell, Emma G. Robbins, Edith Burgess, Barbara Sandmaier.

With Florence Patterson as Chief Nurse, a unit of Red Cross nurses has been organized for service in Roumania:

Ruth Weir, Evelyn Obear, Gertrude Hilton, Mary C. Ewing, Katherine Williams, Katherine Robertson, Josephine Ellett.

With Marie T. Phelan as Chief Nurse, a unit of six Red Cross nurses has been sent to southern Serbia:

Laura B. Bunting, Sara R. Addison, Mabel B. Nelson, Sara McCarron, Lena Quamen.

A unit of ten nurses, especially trained in public health and obstetrical work, is now being organized for Greece. Here, as in northern Serbia, the Balkan Commission depends on securing and instructing the native women who have already had much practical experience in the war hospitals, to act as helpers. "One of the most interesting phases of the work," concluded Miss Hay, "will be the instructing women and girls in obstetrical nursing, home hygiene and home sanitation. The vitality and strength of many of the nations has been undermined by the insufficient food, the lack of medical and nursing care, and the countless privations and horrors of war. Reconstruction will mean a building-up of national strength, and there seems to be almost unlimited opportunity for service in health education and public health activities of all kinds."

Italy.—On February 10th, a cable was received from Mary C. Gardner, Chief Nurse of the Red Cross Tuberculosis Commission to Italy, asking that Edna L. Foley, a member of the National Committee on Red Cross Nursing Service and Superintendent of the Visiting Nurses' Association of Chicago, be sent at once to join the Red Cross Nursing Unit now in Italy. A recent letter from Carrie M. Hall, Chief Nurse of the American Red Cross in France, states that Miss Gardner has sent her assistant, Elnora E. Thomson, to Paris to secure twelve additional public health nurses for the Red Cross unit now engaged in tuberculosis work in this country.

Russia.—Miss Hall also reports that after holding a group of nurses for Russia during a period of seven weeks, and having received no satisfactory reports concerning transportation, a number of these have been transferred to other foreign units. Should a call come in the immediate future for nurses to serve in Russia, Miss Hall feels confident that sufficient nurses may be secured from among those who are being released from military service.

Siberia.—From Florence Farmer, Harbin, Manchuria, comes the following letter regarding nursing activities at Tumen, Siberia:

We formed a unit last September in Shanghai, China, and on the twentieth left for Vladivostock, via Japan. It was all done in a rush and trying to do things quickly in China is very different than at home. As we had no information

Red Cross
C. Ewing,
Red Cross
son, Sara
health and
ere, as in
ng and in-
actical ex-
the most
ill be the
giene and
ations has
ical and
war. Re-
and there
th educa-

Mary C.
mission to
nal Com-
the Visit-
n the Red
Carrie M.
ates that
to Paris
ed Cross

group of
received
of these
all come
Hall feels
those who

omes the
a:
twentieth
do things
formation

regarding equipment, we decided what ours should be, as best we could, from the AMERICAN JOURNAL, from Red Cross publications, and from our previous experiences. It all turned out pretty well, except that none of our clothes fit us, owing to the Chinese tailor never trying clothes on the same person twice. We stayed a few days in Vladivostok and helped get our train ready—a Czech sanitary train with supplies enough to start our hospital as well as for others in various places through which we passed. The train was also fitted up to be used for conveying the wounded. We arrived in Tumen, October 27, took up our quarters here on the fourth of November in a very fine building which used to be a school, and on the sixth of November, although we were far from being ready, we took in our first patients. We have 250 beds at present, but are going to increase our capacity to 400 as soon as additional beds arrive. We have five doctors, ten American and three Russian nurses. We expect to have a dentist soon, we brought one along with us but he was stationed at Chilibuisk. We all think we have a fine hospital and are enjoying our work very much. We have also seventy sanitars and forty-six Austrian prisoners to help us. Although it is a Czech hospital, we often have some of my old friends, "the Russian soldiers," with us. I have two enrolled Red Cross nurses with me, Elizabeth Roberts from Seoul, Korea, and Elizabeth Miller from Shenchow, Hunan, China. I am enclosing a list of other nurses here at Tumen, who desire enrollment with the Red Cross: Ruth Hobein, Henrietta J. Gardner.

Grace McBride, an enrolled Red Cross nurse, died from typhus while in service with this unit in Siberia.

MARINE HOSPITALS

In the February issue of the JOURNAL an announcement was made of the appointment of Lucy Minnigerode, as Inspector of the United States Public Health Hospitals. Miss Minnigerode has visited, during January, the Marine Hospitals operated under the U. S. P. H. Service at Baltimore, Md.; Savannah, Georgia; New Orleans, La.; Mobile, Ala.; Memphis, Tenn.; and Wilmington, N. C. These hospitals were originally intended to care for the civilian sailors, both native and foreign, who might be in need of such services. They are usually built on the cottage plan. With the exception of the hospital at the Emigration Station at Ellis Island, and the special hospitals such as the Pellegra Hospital at Spartanburg, N. C., in the past, few nurses have been employed in this work. Now that the U. S. Public Health Service has also been asked by the War Risk Bureau to extend its hospital facilities to care for War Risk patients and also for government liability cases, and in addition to meet the constantly increasing needs of the Merchant Marine, Surgeon General Blue has asked the Red Cross Nursing Service to provide an adequate nursing staff for these institutions in the future.

The United States Public Health Service proposes to increase the capacity of these hospitals 100 per cent. To accommodate the additional nurses needed, plans for building nurses' homes are under way

at the various stations. The nurses' home at the station in Detroit, Mich., is almost completed and ready for occupancy. In stations where the nurses' quarters are still unfinished, other arrangements for their proper maintenance and comfort are being made.

The base pay for nurses in the U. S. P. H. S. is \$60.00 a month, with \$10.00 increase after the first month's service, making \$70.00 with maintenance. Chief Nurses receive \$80.00 a month, with increase of \$10.00 after one month's service, making a total of \$90.00 a month with maintenance. The white uniform is worn, while the Red Cross furnishes the scarlet-lined cape and the Red Cross cap. In addition to calls for nurses for general hospital work, there is also need for nurses trained either in x-ray or laboratory technique, and expert technicians receive an increase in salary.

Nurses desiring to serve in these hospitals should apply to the Bureau of Field Nursing Service at National Red Cross Headquarters, Washington, D. C. The Surgeon General has requested that all nurses in this service who are not members of the Red Cross Nursing Service make application for enrollment, which will not in any way interfere with their continued service under the U. S. P. H. Service.

Miss Minnigerode will visit the Marine Hospitals at New York, Boston, and Portland, Maine, in the near future.

The names of the nurses on duty in these hospitals will be supplied to the JOURNAL as rapidly as the inspections are made and the correct lists can be obtained.

The following nurses are now on duty:

Baltimore, Maryland, Frances Hawthorne, Chief Nurse, Rebecca M. Jolly, Elizabeth Killcullen, Lucy Martha, Mrs. Letitia W. Cook, Mrs. Eunice Worrell, Mrs. Esther Westfall.

New Orleans, La., Helena Roth, Chief Nurse, Jane Wiggins, Eva E. Froelich, Sally Exem, Katherine Werner, Gertrude Bernhard, Mrs. O. Drake, Miss Steiner.

Savannah, Georgia, Mrs. Frances Spencer Chapman, Chief Nurse, Mrs. Florence Anderson, Mrs. Wilhemina Way, Elizabeth T. Luddington, Alice Berst, Wyche Davis.

Mobile, Ala., Elizabeth Terryn, Hattie W. Temple, Viola T. Lorch. *Wilmington, N. C.*, Annie Laurie Rogers.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

AN APPEAL FOR HELP FOR THE NIGHTINGALE SCHOOL IN FRANCE

The immediate reason for the appeal made just at this time by the friends of this school is, that recently a bequest of land has been made to the parent hospital, thus making it possible to build a new and greatly enlarged plant, with increased facilities for the housing and teaching of the nurses.

The old hospital, dating from 1861, has every variety of service, for men, women, and children and has thus been able to give its pupils an all-round training, but it has long outgrown every one of its departments, and, being located in a closely-built quarter, has no way of being enlarged except by removal to a new site.

The beautiful estate of fifteen acres bequeathed by Mlle. Bosc was so given solely because of Dr. Hamilton's remarkable work there; it was, therefore, in a very real sense a personal gift. The hospital trustees, crushed by the long strain of the war and fearful of conditions in French affairs after it, almost decided to sell the land and use its proceeds in the old hospital. Dr. Hamilton, almost in despair over this prospect, but a despair which incited to action, determined to try, herself, to raise the funds needed to build a new hospital and school, for she felt it a duty to keep faith with the dead friend; she also realizes, from the standpoint of good nursing and also from that of the woman movement in France, the imperative need of openings for women on professional lines, and how urgent it is that the Bordeaux school should be enlarged, so as to meet the demands coming to it and fill the great want of trained women in hospital regeneration.

The school was organized in faithful and loyal acceptance of Miss Nightingale's principles. It is emphatically the only example in France of what we consider a model, modern school for nurses. Because Dr. Hamilton understood, she brought from England an English nurse of the highest type, Catherine Elston, to establish it. Miss Elston stayed there for a number of years, until women had been graduated who could in turn take the position of Principal of the Training School.

The character of the school has been publicly recognized by Miss Nightingale's executors, who have recently granted to Dr. Hamilton their consent to having the title "The Florence Nightingale School for Nurses" secured to it under French law.

The importance of this school to France will be understood by all who know the hospital conditions of that country. They are still what ours were before the advent of the trained nurse. The great public hospitals are controlled by men in the government, who resist giving a superintendent of nurses her correct position. As a consequence, French families of refinement will not allow their daughters to enter them. Dr. Hamilton alone has succeeded in breaking down this prejudice to some extent in the provinces, and she has placed graduates of the Nightingale School in a number of large provincial hospitals where the authorities have given them authority and power to reorganize. She is hampered in this by her limited quarters and overgrown home for nurses.

The war has made only too evident the terrible need of France for well-trained women, but they must be of her own nationality. Philanthropic women have vainly tried to meet the need by amateur efforts, short courses, and private nursing homes. Such efforts are deficient in hospital service, and in practical training.

Dr. Hamilton's quest for funds in this country is going to be supplemented by Miss Ellison, who has personal knowledge of the need. We hope that organized nurses of this country will undertake to collect some special contributions which should be used especially for the School for Nurses, for its use and advantage. It has been proposed that such a contribution might be a most worthy memorial of nurses who gave their lives in the service during the great war. This thought, will, we feel sure, appeal to many, and we trust it will bring response.

NEW YORK CITY.—The New York Milk Committee, 105 East 22nd Street, has issued a chart which tabulates the infant mortality statistics for 1917 from 163 cities in the United States. The roll of honor consists of five cities having an infant death rate of less than 50 babies per 1000: Berkley, California; Everett, Mass.; LaCrosse, Wisconsin; Brookline, Mass.; Alameda, Cal. Fall River, Mass., is listed as having the highest per cent of infant mortality under one year: Total deaths, 1906 to 1910, 37.2 per cent; 1911-15, 34.6 per cent; 1916, 29.9 per cent; 1917, 28.6 per cent. Its death rate in 1917 was 153.8 per thousand. The death rate in New York City has dropped from 135.8 per thousand in 1906-10 to 88.8 in 1917; in Chicago, from 123.4 to 106.4 in the same period. The chart gives the highest infant death rate per thousand population, to Nashville, Tenn., 182.2 per thousand; the lowest to Alameda, Cal., 40.7 per thousand. The Committee sent out 252 return mailing cards to city health offices, receiving returns from 163 cities. In 1912, when it compiled the first report of this section, it received returns from only 24 cities. This chart further states that the New York Milk Commission began its experiment by providing medical and nursing care for expectant mothers in 1912. Since then, still births have been reduced 22 per cent, deaths under one year of age, 28 per cent, and maternity deaths, 69 per cent below New York City's rates in the corresponding years.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

Collaborators: Mary A. Mackay, Denver, Colo., and Mrs. Helen LaMalle, Metropolitan Life Insurance Company.

Michigan.—A Chair of Nursing and Health, with Dora Barnes as professor, has just been established at the University of Michigan. The first course which opened February 17, is to be a short course, but plans are under way for the usual eight months' course. The practice work of the nurses will be given in Detroit.

Detroit.—One hundred and seventy-five public health nurses were given a dinner recently by Mrs. Tracy McGregor, a Director of the Visiting Nurse Association, to show her personal appreciation of the spirit shown by them during the epidemic. She was unable to be present at the dinner, at which Mrs. Gretter, Superintendent of the Visiting Nurse Association, presided and made the address of welcome. Mrs. Dyak, a Director, responded for Mrs. McGregor, telling of the very warm interest she has taken in the local public health nursing since its beginning. The next speaker, Miss Aylsworth, a staff nurse who has been long in the service of the association, gave interesting and amusing reminiscences. Her tribute to Mrs. Gretter was appreciated by everyone, for she said, "Before we had a Board of Directors, before we had a Superintendent, we could not have gone on with the work if we had not been able to go over to Harper Hospital to consult with Mrs. Gretter, who was then its superintendent of nurses." Agnes Deans, now of the American Red Cross in Washington, but formerly Mrs. Gretter's assistant, echoed the sentiment and affection of every nurse in the room when she spoke of Mrs. Gretter as the "Mother and Dean of nursing in Michigan." Miss Barnes told of the new course at the University of Michigan and Miss Ahrens, of the Central Division of the American Red Cross, spoke of the peace developments of that big organization. She put special emphasis on the value of the short course in public health nursing for student nurses, who by coming upon our large staffs are going to release more experienced graduate nurses for some of the many positions now seeking capable trained workers. She reminded the nurses that the large staffs are, after all, but training schools in public health nursing and that it is their duty as well as their opportunity to leave this work which they have been able to do so successfully under supervision, to demonstrate that this supervision was worth while and has enabled them to do independent pieces of work elsewhere. Miss Ahrens also paid a deserved tribute to Mrs. Gretter's work. The Detroit Visiting Nurse Association was the pioneer in public health

nursing and the other staffs in the city were made possible by the generous vision which impelled it to give the first nurse to tuberculosis work, the first nurse to the Health Department, and to place others in baby welfare, pre-natal and county nursing. Mrs. Greter has been very largely responsible for all of this, in spite of the fact that she so generously gives the credit to everyone but herself.

Chicago.—A Service League for the Handicapped has been organized, primarily to provide training and work for the partially disabled returning soldiers, but in time it plans to include the civilian disabled as well. On January 28, a mass meeting was held at Orchestra Hall in honor of Sir Arthur Pearson, the blind publisher, who has done so much for the blinded soldiers in England. Sir Arthur Pearson lost his sight in middle life, shortly before war was declared. From the first he made sure that he was not going to be a much pitied, useless member of society, and when the first blinded men were being returned from the trenches, he set about planning their training and education. Because they were soldiers and had given their best to England, a great deal of public sentiment, sympathy, and financial response was offered and the estate of St. Dunstan's, owned by Otto Kahn, a New York banker, was turned over to Sir Arthur to be used as he thought best in the development of the work for these soldiers. St. Dunstan's comprises nearly sixteen acres. It accommodates 700 blinded men, who are being taught from the first that their handicap is simply a temporary misfortune. The work has grown until the organization now numbers sixteen buildings, eleven in London and five in the provinces. To the visitor entering the main hallway, or the grounds, for the first time, the linoleum pathways running over the carpeted floors, the hand rails, the small boards set in gravel before the stairs, are perhaps the most conspicuous features. These pathways are a great help to the men in regaining confidence. Notices are posted everywhere telling visitors to keep off. The men are very early taught to walk by using the pathways and hand rails, but within three weeks they learn to get along without any of these artificial aids. The rapidity of motion which men so hate to lose is thus restored without any marked loss of time. Next the soldiers are taught to play hand games, such as checkers, dominoes, chess, and bridge. A debating club in which the discussions are very keenly followed, is a popular form of diversion. Music of all kinds is taught; dancing is insisted upon for everyone; rowing, swimming, racing, walking and running, bowling, wrestling, and for the officers, horse-back riding, are entered into with much spirit. The grounds touch the lake of Regent's Park and several times during the day the lake is dotted with boats propelled entirely by blind rowers. They get around the difficulty of mingling with the sighted people by hiring all

of the boats for the hours in which the use of the lake was desired. After the play and recreation, class-room work is taught. A man is first taught to read Braille. This he masters in a surprisingly short time, for each individual soldier has an individual teacher. The teachers are all volunteers and Sir Arthur paid them the warmest kind of a tribute, saying that they come faithfully and regularly in all kinds of weather. Typewriting and stenography are also taught and there are forty-four blind stenographers from St. Dunstan's now in good positions in London and the provinces. Netting is next taught, for this is easy, and gives a man that most essential sense of self-confidence and usefulness. Massage, carpentry, poultry breeding, telephone operating, picture framing and other trades are taught. Only preliminary work in massage is taught, the men finishing their training in the National School of Massage. All kinds of carpentry work are done. At first the carefully safe-guarded tools adapted by the French for use of the blind, were attempted, but they were quickly refused by the English soldiers, who demanded the ordinary tools. In the poultry breeding course the men are taught every detail, from the handling of the incubators to the dressing and preparing of fowls for market. This course is finished by a training of six weeks on a large poultry farm. A system has also been worked out which gives a six weeks' course to relatives, for it was early learned that the loving relative is the worst enemy of the recently blinded. In the class room, an uncommonly apt pupil is made a pupil teacher just as soon as possible, for the blind men like to be taught by other blind men. Thirty-four graduates of St. Dunstan's, blinded and with only one hand, have been set up in shops. An after-care system has been carefully worked out, the whole country has been districted, and when a man first leaves the institution, he is visited every four or five weeks by an expert in his own trade and later by a social visitor. He is helped to find markets for his work. One popular industry has been picture framing, and blinded men have been set up in picture framing shops just outside the grounds of most of the large public schools for boys in England. Here there is a steady demand for their wares for their clientele changes every year, and every year there are dozens of new photographs of teams and friends and relatives to be framed. The work of teaching and supervising the work of the blinded soldiers has spread to Canada and there are now five men in Toronto looking after ex-St. Dunstan's men. American nurses still in France and England should make every possible effort to visit St. Dunstan's before coming home, for we are not going to stop by trying to teach the blinded soldiers; and nurses, if they prepare themselves for it, may have a share in this big undertaking for the restoration of self-respect and self-support to handicapped men and women.

DEPARTMENT OF HOSPITAL AND TRAINING
SCHOOL ADMINISTRATION¹

IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

THE ELIMINATION OF NON-ESSENTIALS IN THE TRAINING OF NURSES

The subject upon which I have been asked to speak is primarily a practical one. We may theorize upon the functions to be eliminated, but only through application can we judge to what extent we shall eliminate unnecessary procedure.

There can be no question but that many procedures taught in our schools of nursing are primarily important for the establishment of habits of order and fitness of things, which should be repeated sufficiently often to become firmly imbedded in the minds of the students as a necessity in the maintenance of proper standards and ideals, but which can be dropped as the course advances, in order to give place to the more scientific instruction, leaving them to be carried on by a person who aspires to no greater task.

I am referring to the matters concerned in the sweeping and dusting of patients' rooms, making of empty beds, care of lavatories, work-rooms, general ward dusting, carrying of trays to patients, washing of wash-cloths, removal of stains from linen, washing and ironing of creton covers for chairs in private rooms, the spending of months in the surgical supply room, making dressings, taking long trips to the office, discharging patients and carrying cards hither and yon, cleaning of basins and instruments in the operating room, drying of gloves, etc.

Hospitals have, in the past, relied far too much upon the manual strength of the student nurse for the fulfilment of physical obligations in its equipment and structure, as well as for the care of the human element. Training schools have often been no more than the means of decreasing the operating cost of institutions for the care of the sick and have been, in many instances, exploited most grossly for an individual interest.

In our modern schools of nursing, our curricula are such that with eight hours of ward duty, a student has quite all she can endure without the additional physical fatigue of cleaning and scrubbing. Energy may be expended in many different ways, depending entirely upon the stimulus given, mental or physical, and brings forth the result coinciding with that stimulus.

¹ Read at a meeting of the alumnae of the Department of Nursing and Health, Teachers College, New York, February 22, 1919.

We are constantly stating, in and out of our professional circles, the need for intelligent care of the patient, attention to detail, comfort, and the aesthetic appearance of ward and the patient's intimate surroundings. Now how can any human being attend to the physical needs of from ten to twelve patients, carry out the physicians' orders, scrub the beds and bed-side tables, write up charts, and have the time or opportunity to be more than an ordinary automaton, geared at a very high rate of speed? Is the opportunity given to listen to the patients' point of view or to quiet any misapprehensions they may have, to be intelligently informed regarding the patient's condition other than that the body is clean and the bed tight? Now that is not nursing, from my interpretation of the words, "care of the sick."

In our classes, we teach our students the necessity of coördinating their theoretical knowledge with the work on the wards, associating symptoms with certain diseases, action of certain drugs and the cause or condition warranting their use, we ask that the student read over histories and physical examinations and bring examples of certain types of disease to the class-room for information and discussion. I wonder how many of us could measure up to the momentous task which we so casually require of the student nurse? It simply cannot be done. It is not being done and never will be done until we remove some of those routine procedures which are not necessary, after a certain point in the training of the student nurse, and which should then be turned over to a ward maid.

It is not necessary that a nurse be required to scrub ten bed-side tables and as many beds three hundred and sixty-five days in a year, clean bed-pans and count soiled linen every morning for thirty-six months or make every empty bed in the ward for an equal length of time, in order to obtain a diploma, stating she has satisfactorily completed the course of instruction in a certain school of nursing.

I firmly believe that students, in their preliminary period, should be required to carry out these household measures as part of their instruction, but to cling tenaciously to the idea that it is a necessity, is a camouflage. The real reason is the inability of the hospital to procure funds for the employment of the ward maid. The nurses have always done this work, therefore, traditionally, they always must. We are fast removing those guide posts from our line of march and in their place are erecting the word education. We must first of all convince ourselves that these procedures are unnecessary, as far as routine is concerned, and then educate our boards to the realization that they have under their roofs, a teaching institution, a school, which means that it is not a commercial adjunct, but one which requires financial support. No teaching institution is primarily a financial

enterprise, which nets cash returns. Hospitals which maintain schools of nursing, must be prepared to supply such facilities as warrant their assertion of a school.

The medical profession, and the public as well, are calling for the scientifically trained nurse and if we are to turn her out upon society as a finished product at the end of three years, we shall be obliged to minimize her effort to supply the hospital with half its maid service, as a compensation for the privilege afforded her in being there.

Members of hospital boards, like all other individuals, change their ideas only by evolution, and having held a tradition regarding the services of the nurse, it is not going to be an easy task to convince them of the wisdom of allowing the student nurse to spend her time directly with the patient, that she may perhaps preserve the life of an individual, instead of striving to carry the ward maid's duties. This sounds like an incongruous statement but such situations are prevalent in our hospitals every day. We hear criticisms from the public regarding a patient's being left alone, or of little attention being given certain details in respect to the patient's comfort, when basically the difficulty lies in the inability of the nurse to keep her ward spotlessly clean and to attend to the patient, at the same time.

From a financial standpoint, it is not efficient to utilize a service, which until very recently was sold by the hospital to the private patient for \$14.00 to \$21.00 per week, to do a piece of work which at best, costs \$30.00 for a month. To say the very least, that is not good business. I am not an advocate for the exploitation of the student nurse by the institution for the care of private cases, but I sincerely believe that that service should be rendered the public, whether for the ward or the private patient, and not spent upon such inanimate objects as bed-side stands and ward rooms.

This change will only come about by continual pressure from the heads of schools of nursing and by giving those in authority a closer insight into what the demands upon the students are, by the institution and by the community, when she goes forth to render a service which bestows its greatest usefulness when administered with intelligent understanding.

There is another duty in many schools which falls to the student nurse and that is the care of her room. A certain amount of responsibility regarding the appearance of her room is justifiable, and she should be responsible for the dusting of her dressing table and writing desk, but the sweeping of the floor and making of the bed should, it would seem, be done by the maid.

We cannot, I realize, immediately put into operation a system

which would bring these changes, but we can aspire to a better condition of things, as opportunities present themselves, drive a wedge, and be prepared to strike forcibly and for a permanent result.

Our curricula are forming themselves into a well-rounded course of study for the student nurse with elimination of non-essentials; it is the practical side which needs our thought and earnest application at this time, for if students are to carry five hours of class work each week, and in many instances it is more, some means must be devised for eliminating much of the routine procedure.

Responsibility for these details must be insisted upon by the supervisors, and nurses must not be allowed to get the idea that they need not disturb themselves with these trifles; that is not the impression I wish to convey. Each nurse must at some time in her training, carry through every piece of work which in any way contributes to the comfort of the patient and so be in a position to immediately ascertain when such details are being neglected in any particular.

In order to carry out such an arrangement as I have suggested regarding ward maids, this personnel must be under the training school and not under the hospital administration, otherwise there will be poor coöordination and the result more disastrous than the present organization. Only a centralized administration with direct lines of authority makes such a plan feasible.

I fully realize there are many obstacles in the way, both of a physical and psychological nature, and that changes must come slowly if they are to be permanent, for radical reforms disrupt our organization and interfere decidedly with our discipline, which is even to-day a very necessary adjunct in well established training schools. With the type of young women whom we are admitting to our schools, full of altruistic ambitions, very young in years and expression, adjustments are difficult and call for much thought and good judgment, for the spirit of the time is one of restlessness, discontent, desire for socialistic expression, and unless we move slowly and keep the reins well in hand, our schools of nursing will develop into such enterprises as the school body dictates, rather than the institutions which have been formulated to properly guide and educate the young woman for a public servant.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

SCHOOLS AND EPIDEMICS.—The *Journal of the American Medical Association* in a report of the proceedings of the American Health Association, says that fifty cities were asked to give an opinion on the closing of schools as a means of controlling an epidemic. An analysis of the replies received from thirty-two cities showed that closing schools as a means of controlling epidemics, in six specific diseases, is unnecessary, unscientific and unjustifiable. The proper method of control involves a sufficient inspecting force of physicians and nurses to maintain close supervision of cases and contacts; enforcement of isolation and quarantine; the employment of clinical and laboratory tests and reliance on such data; close relation between the school medical inspection and the health department with the school forces; and continuous education of the public.

AMBULANCE AIRSHIP.—*The Annals of Surgery* describes an airship ambulance which has been used in the field. No alteration was made in the shape of the airship. The space occupied by the rear cockpit was adapted to contain a litter, with a maximum clearance of seventeen inches. The litter had a specially strong locking device. A translucent celluloid shield was clamped into place for additional protection against the air.

SLEEP AND FLATULENCE.—A writer in the *Medical News and Circular* asks, Why does rocking in the cradle, or dandling in the arms, so often soothe and put a child to sleep? It is because, owing to the constantly changing axis of the loops of intestines, the bubbles of wind are enabled to pass on. For the same reason, an adult when unable to sleep tosses on his bed from side to side. The flatulence moves on from the loops of intestine where it has been accumulating and sending disturbing messages to the higher centers. Many persons will sleep better after a dose of calomel than after one of the recognized hypnotics.

ELECTRIC TREATMENT OF EXOPHTHALMIC GOITER.—A French medical journal reports the treatment by electricity of two severe cases of goiter. Death from starvation, or heart failure, was only a question of weeks. One patient had twenty-seven half-hour sittings, the other forty-two, daily at first and later at intervals of a week. The women, aged 26 and 42, were apparently cured. One of them managed a large farm during her husband's absence at the front. Both patients were

recommended to take a pill containing a little ipecac, digitalis and opium, when they were under special strain.

AUTOINTOXICATION.—An article in the *Journal of the American Medical Association* controverts the usual view of the absorption of toxins from the bowel as being the cause of the unpleasant symptoms complained of by sufferers from constipation. They are rather due to pressure in the rectum, a plugging of the lower end of the canal which slows or stops the downward current and often produces ripples of reverse peristalsis. People who complain of autointoxication are often unduly sensitive and are too keenly aware of what is going on in their bodies. In point of fact, there is very little absorption through the mucous membrane of the lower bowel, and of the enormous number of bacteria found in the feces, nearly all are dead. Moreover, the great number of intestinal bacteria produce no soluble toxins. There is no reason to warn against enemas. It seems a shame to upset twenty-four feet of intestine with a purgative when the material to be removed is in the rectum, or sigmoid, within easy reach of a little water.

NURSES AND INFLUENZA.—During a recurrence of influenza in Pennsylvania affecting Altoona, Wilkes-Barre, and several other cities, the state health department had difficulty in providing a sufficient number of physicians and nurses, many families insisting on the services of a trained nurse. It was arranged to divide the towns into districts, allowing one trained nurse and a physician for a certain number of patients.

THE CHIN AND SPEECH.—An Amsterdam medical journal is quoted as saying that Van den Brock, professor of anatomy at the University of Utrecht, discussing the evolution of the chin as a consequence of spoken language, said that only when articulate speech became possible were human beings able to manifest their feelings and thoughts to each other, then began the rapid upward rise. The muscular movements which the use of speech entailed, modified the shape of the chin to what we see now.

EFFECT OF GROUND GLASS ON DOGS.—In an attempt to determine what lesions, if any, are produced by glass in the gastro-intestinal tract, feeding experiments were carried out on dogs by two military surgeons and were reported in the *Journal of the American Medical Association*. Examination after death showed that the ingestion of ground glass or powdered glass has no toxic effect and produces no lesion, either gross or microscopic, on the gastro-intestinal tract of dogs. The intestines were not distended and there was no ulceration, hemorrhage or exudate present.

LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

CHRISTMAS AT A NAVY BASE HOSPITAL

Dear Editor: Reading in the December JOURNAL, "She's in the Navy Now," I am reminded of my first Christmas spent at a Navy Base Hospital. With the holidays drawing near, the thought of "Home, Sweet Home," seems to prevail in the camp; in fact so strong is the feeling that one can see the exact length of leave printed in the expressions of the faces of the boys as you work with them on the wards from day to day; also it is quite noticeable if leave, for any particular reason, has not been granted. We had had a very strenuous two months in the influenza wards and when the opportunity to relax presented itself, everybody fell to and a real christmassy Christmas was planned for the boys who were left behind. Our new recreation hall was so near completion that a favorable word from the Commanding Officer was all that was necessary to put it at our disposal. Securing an auto truck, two good wood choppers, an axe or two, and sharp knives, we started for the woods for holly and greens. Have you ever tried to find a particular spot in the southern part of Jersey? The roads are good for traveling, which is one redeeming feature, for I'm sure we covered miles hunting the place where holly grows, as described to us, and we felt somewhat like the old colored Mammy who, when asked why she would not ride on the merry-go-round said, "Why, child, you pays your money and you rides and rides and rides, and when you gets off where has you been?". So we, too, found ourselves very nearly back at the camp, after a good hour's run. It was great sport, trimming the wards and recreation hall, and boys who had looked forward to no Christmas tree, and no holly began to sit up and take notice once more. I shall never forget the variety of opinions expressed and the suggestions offered and while it was not wise to act on them all, here and there an idea was used to great advantage. Christmas Eve was the best ever for some of the boys; we popped corn and strung it for the tree, spun tops until about dizzy ourselves, and tooted toy horns, a signal for everybody to gather in the recreation hall. They came, the lame and the halt. For the first time in my short life in the Navy, rules and regulations were put on the shelf and "Carry on" was the pass word for the remainder of the evening. After movies,—Navy punch, cookies, and candy were served, then a present for everybody from the tree. Some one started to play "Over There," "It's a Long Way to Berlin," etc., and lost in song and smokes, the miles separating the boys from home and home folks were forgotten for the time being.

E. B. S.

CHRISTMAS AT CAMP GRANT

Dear Editor: How would it seem to spend a Christmas in an Army camp? That was the question which confronted many of the girls of the Army School of Nursing the week before Christmas while they were anxiously looking forward to the issuing of the Christmas passes. However, the announcement that all the wards of the hospital were to be decorated for the holiday, and that the work was to be done by the nurses in the various wards, aroused a new vein of interest and a great amount of friendly competition arose among the various wards as to which would be the most attractively attired for the holiday season. The decorating

All com-

y Now,"
With the
prevail
length of
with them
any par-
months
f, every-
who were
avorable
at our
two, and
you ever
heads are
ed miles
somewhat
e on the
nd rides
nd our-
at sport,
ward to
more. I
s offered
as used
boys; we
ves, and
l. They
e Navy,
ss word
and candy
arted to
smokes,
for the
S.

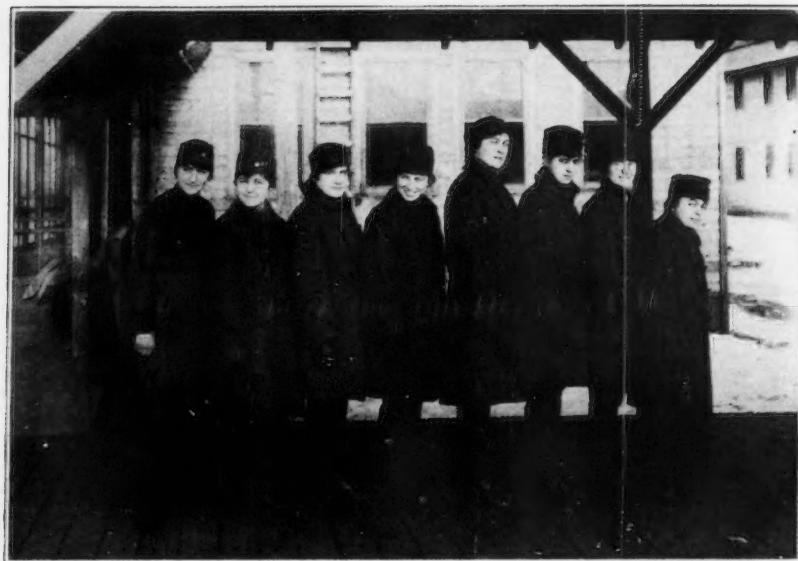
camp?
chool of
forward
that all
he work
interest
ds as to
corating



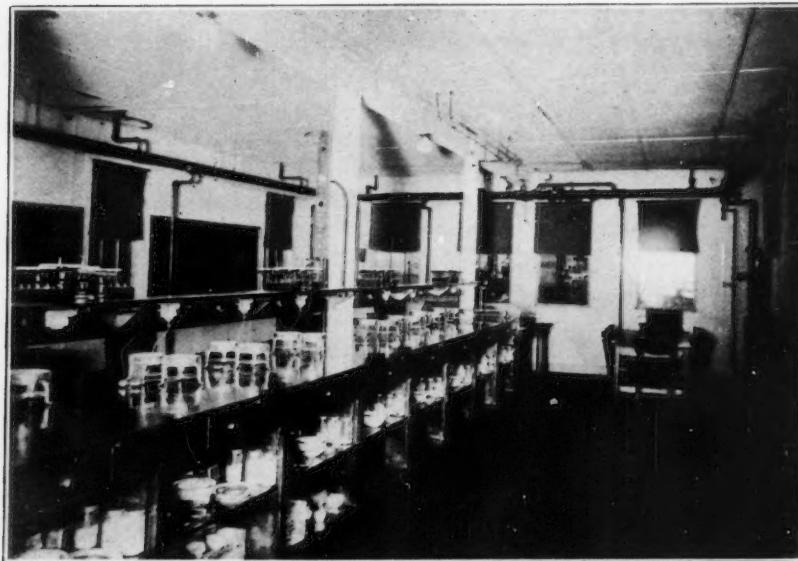
Company C at drill, Army School of Nursing, Camp Grant, Ill.



At Physical Drill, Camp Grant, Ill.



Detachment from Co. B, First Battalion, Army School of Nursing, Camp Grant, Ill. Showing various insignia and types of uniform.



Diet Kitchen, Army School of Nursing, Camp Grant.

was done under the supervision of Sergeant Blakesley and every ward was converted into a bower of loveliness through the use of Christmas greens, holly, mistletoe, paper decorations and bells. The boys who had so bravely done their share "over there" began to arrive in our camp, and this necessitated the opening of wards which had been closed since the days of influenza. The "Blue Girls" willingly worked together to decorate these wards, so that these boys would feel the Christmas spirit, even though away from home. Some of those who received their passes left for their homes on Monday, December 23, but some fifty girls remained in camp over Christmas Day in order that they might attend the dance and party at the Red Cross House on Christmas night. The girls who stayed helped with the work in the wards and during their free hours aided in the decoration, also in the sorting of Christmas fruit and dainties for the wards and the distribution of Christmas boxes so kindly donated by the Rockford Red Cross Chapter and the Salvation Army. Every ward, of course, had its Christmas tree, tastefully decorated with tinsel, popcorn, and ornaments, and lighted with tiny electric lights of various colors. Early on Christmas morning, graduate and student nurses visited the various wards, singing Christmas carols. After the regular morning work was done, the boys were given their boxes of goodies from home and also those which had been sent in from other sources. Each ward had been given five dollars to buy something for the patients, and in some of the wards grab bags were to be seen and the different articles drawn by various patients caused much laughter and jollification. The whole medical department ate Christmas dinner "en famille" at the general mess hall. One corner of the hall was reserved for officers and nurses,—graduate, student, and probationers. The members of the orchestra nobly controlled their appetites and gave us music while we ate; if they didn't thoroughly enjoy that hour they were alone in their distress. The greater part of the hall was occupied by corpsmen and patients, many of them the newly arrived overseas cases, still in uniform, with their service and wound stripes and their jaunty caps. Through the courtesy of the Commanding Officer, the relatives of the sick boys who could come to the camp were invited to do so. Rooms were provided for them and they were entertained at the mess hall for their meals. The dinner itself was quite satisfactory; the conventional turkey, of course, and mince pies. But after all, it wasn't the eating of the dinner we enjoyed half as much as just the having it, all together and everybody happy. Not least among the day's pleasures for the student nurses was the full time on ward, with absolutely no classes or lectures to break up the day, and, because of the extended hours, more leisure in which to complete the routine ward work. Christmas evening, we all dressed up in our Sunday best uniforms with our most painfully stiff collars and crunched through the sparkley new snow to the Red Cross House. The big room showed the results of Sergeant Blakesley's attention,—a gay Christmas tree brought in from Rock River banks held the place of honor on the stage, and every pillar and beam was bright with scarlet and green. Lieutenant Colonel Michie and a number of the Medical and Line Officers were present as well as graduate and student nurses. The orchestra had evidently been recompensed for its delayed dinner, for it played enthusiastically for the long program of dances. The dancing floor was never better, and everybody made full use of it, especially for the moonlight waltzes with their confetti snowstorms. Light refreshments were served, while costume and aesthetic dancing gave variety to the entertainment. The big event of the evening, however (if a dog may properly be called an event), was Nancy, the young Airedale, presented to Miss Williamson by the student nurses. There is still some question as to which gets the most enjoyment from it,—Miss Williamson,

the students, or Nancy. It was far after "lights out" when the gaiety at the Red Cross House was silent and the revelers wandered back to quarters and to bed, and certainly it will be many years before the students of the Army School of Nursing at Camp Grant forget their first military Christmas.

Army School of Nursing, Camp Grant, Illinois. TWO STUDENTS.

HEROIC WORK OF ARMY NURSES

The Superintendent of the Training School of the New York Post Graduate Hospital sends word of the recommendation for citation and honors of two graduates of that school, Bertha Cornwall, class of 1899, and Ida M. Ferguson, class of 1911. The commanding officer wrote of them: "Bertha Cornwall * * * remained on duty in the operating room on October 8, 1918, when the hospital was being shelled, which shelling lasted twelve hours. Miss Cornwall refused to leave her post of duty, although the operating room was several times showered with fragments of bursting shells. By this courageous conduct she assisted at considerable risk of her own life in saving the lives of a number of wounded soldiers and by the example she set, the hospital was enabled to function steadily under shell fire."

"Ida M. Ferguson * * * displayed great courage at Choppay, France, on October 8, 1918, when the hospital was shelled for an entire day. Miss Ferguson remained constantly at her post of duty in the operating room, which was repeatedly showered with fragments of bursting shells. By this bravery, risking her own life, she aided in saving the lives of several wounded men."

A physician with whom they were associated, wrote: "Miss Cornwall and Miss Ferguson were attached to this surgical team which was sent to the famous First American Division in April. To this day there is nothing on record to explain how nurses ever reached this advanced zone, but the fact remains that they followed the Gypsy Division in its history-making days through Amiens, Cantigny, Soissons, Chateau-Thierry, St. Mihiel, the Argonne, etc. For seven months they lived under unbelievable hardships and dangers. Day after day and night after night they traveled by motor truck train, following the lines almost from the sea to Alsace. Their food was 'hard tack,' 'bully beef,' and 'monkey meat,' and their bed any convenient building, hay stack, or often, open fields and woods. Sometimes, in days of stress, there was no stop for sleep, which meant drowsing away all night on the cold, wet seat of an army truck, dashing madly through the darkness with every light 'doused.' At the end of each trip they slaved for long hours at an operating table and when completely exhausted strove to snatch such sleep as the Boche shells, gas and bombs would permit. Added to the stress of this routine work, came the added menace, always present, of these high explosives and gas shells, aerial bombs and machine guns. And through it all never a murmur or complaint did I hear from them."

COPY OF A PERSONAL LETTER FROM FRANCE

Dear _____: Wonder of wonders, the box sent last Christmas with the plum puddings, malted milk and jam has turned up at last. We have sampled a plum pudding and they are wonderful. The rest we will keep for Christmas or to celebrate our victory, if we are here for Christmas. The jam had nearly all leaked out, much to our sorrow, but the malted milk was intact. You would have been amused if you could have seen me opening the box with a German sword for a chisel and a flat-iron for a hammer. I was making such a noise that I did

not hear the Boche coming until a bomb nearly shook down the remains of our house. * * * We have moved again, Miss G., and I came in, in advance, while the other three stayed with the Grand Blesses at Voyennes. They will join us just as soon as they can evacuate the patients they have. Just think we have crossed the Hindenberg line and are at St. Q. The Germans were here not a week ago. It makes one heartsick to see the desolation and devastation. What they were not able to take away, they have blown up or hacked up or destroyed in some way. We go from house to house collecting odd bits of furniture and dishes to make our place habitable. The house is the best we have ever had, for



Our Home at Voyennes

the roof is intact. Almost all the doors and windows are gone, but we are used to that. We five nurses are the only women in all this district, but we are always so busy that we don't have time to think of the strangeness of it all. When we were at Quesnel, we met some English officers on the way to the hospital one day; they were much surprised to hear us speak English. One of them said: 'I wish you would stop a minute until we get a good look at you. We haven't seen any women for such a long time, the very sight of you cheers us up and makes us feel more civilized,' and we are all old maids, every one of us, the youngest is 33, and we all look war-worn and bedraggled. We have to do our own washing and that is an awful trial. I send as much as possible to Paris by post, but am obliged to do a certain amount myself. When I think of the snow white linen at your house, I have a very great respect for the laundress. I never knew how hard it was to get out spots. * * * Orders to move again, so I

must run. Will try and write soon again. The news is glorious and I think we shall have peace by Christmas—at least no more fighting. My love to you all and many thanks for the many wonderful things you have sent us.

Graduate of the Presbyterian Hospital, New York

A. S. W.

HOSPITALITY TO ARMY NURSES

Dear Editor: One of my duties, self-imposed, as a Home Defense Nurse has been to make the Army nurses with whom I come in contact a little happier and I wish to pay a tribute to the real unselfishness of this body of women. With few exceptions they are strangers to each other in a strange city, their work is new and they must adjust themselves to it and to new surroundings; their comforts are few and yet the complaints are fewer. It takes little to give them pleasure and they are all so appreciative. An auto ride after the day's work is done is a real treat, a dinner or lunch in a home means much to them, to meet the right kind of people in their own homes helps to deaden the homesickness they all experience. These little attentions by the people of a city will mean that the nurses will always remember that city with kind thoughts. The pleasure of the hosts is also great.

Texas

A. L. D.

EIGHT-HOUR SYSTEM IN A 200-BED HOSPITAL

Dear Editor: In the Crouse-Irving Hospital, Syracuse, N. Y., the following plan for an eight-hour day for nurses in training has been in operation for a year and a half, and has proved satisfactory to patients, nurses, and the hospital. The day nurses have an eight-hour day, for a total of forty-eight hours a week; the night nurses, a seven-hour night for seven nights, making a total of forty-nine hours a week. On five days each week, the day nurses work from 7 a. m. to 7 p. m., with four hours off duty for rest, meals, and classes. During the other two days, one of which is Sunday, they are given one day's time. It has been found best to award this time in two parts, two and a half hours off duty being given on Sunday, and five and a half hours on some other day. On Sunday each nurse works five and a half hours, instead of eight, and on some other day in the week, two and a half, instead of eight. On this day she works from 7 a. m. to 9.30 a. m., and has the balance of the day off duty. Supply-room nurses go on the floors during the week, and operating-room nurses on Sunday, to meet any extra requirements. Maternity and operating-room nurses are called on duty when needed. Night nurses are divided into two groups, one of which is on duty from 5.30 p. m. to 12.30 a. m., and the other from 12.30 a. m. to 7.30 a. m. An emergency night nurse works from 7 p. m. to 2 a. m., her duties being to prepare a hot midnight dinner for the night nurses, and to relieve wherever necessary. Nurses of the first group eat at 12.30 a. m., and the second group at midnight. Whenever it is desirable to put pupil nurses on special duty, they are given a twelve-hour shift, either by day or night, and are credited with time and a half. Crouse-Irving is a hospital of two hundred beds, and during last year has had an average of one hundred and fifty patients and seventy-five pupil nurses. The year's experience proves that a general hospital can successfully use the eight-hour system, with the above proportion of nurses and patients. It is doubtful whether any more day nurses are required than under the old system, but two night shifts require twice as many as the previous twelve-hour plan. These two shifts, however, cover fourteen hours instead of twelve, and give very material aid to the day nurses, assisting with much of the work after 5.30 p. m. and

before 7.30 a. m. Probably the only additional expense in running the eight-hour system is the cost of the extra number of night nurses required. In Crouse-Irving, sixteen to eighteen night nurses are needed, instead of eight or nine. To offset this extra expense, are the facts that the eight-hour system is of the greatest advantage from the standpoint of the health of the nurses, especially the night nurses, and that the extra time off duty allows plenty of opportunity for study, and does away with sleepy and tired nurses in the class room. This plan is also a means of inducing a very superior class of young women to enter training, which is of the greatest advantage to the patients and to the school.

Elsie W. Hillen, Superintendent of Nurses.

Crouse-Irving Hospital, Syracuse, N. Y.

A GOOD MASK

Dear Editor: I would like to say that I have tried the mask for contagious diseases designed by Dr. Dannenburg, described in the July number of the JOURNAL. I made one from the description given and wore it through two scarlet fever cases, also during the influenza epidemic in the fall, and again this winter, going from one case to another, and I am thankful to say did not take the disease. This mask is far ahead of those the state of Massachusetts gave out to nurses, or those furnished by the Red Cross, or the gauze tied around the face, worn in hospitals, which did not prove satisfactory. I wore it with six thicknesses of gauze, wet, as I changed them whenever taking the mask off. I kept a basin of boiling water to drop them in. The wet gauze I find better than dry. This is only one of many articles I have found helpful from the JOURNAL.

Maine

A. M. D.

PORTIONS OF LETTERS FROM NURSES IN SERVICE

I.

Dear ____: We hear to-night that hostilities may cease to-morrow. I am praying they may. If it were possible to continue with any other sacrifice than precious lives and mutilation of sacred bodies, I should not be willing to stop now. Several weeks ago I went with other nurses to help out where the wounded were pouring in by the thousands from the Argonne; it was the most depressing experience I ever had. After ten days we were recalled to care for hundreds and hundreds pouring in here from another sector suffering with influenza and pneumonia. With the exception of blankets and cots we were equipped for less than one-half the number admitted and were necessarily obliged to compromise everything in order to cope with the situation. Imagine having 280 medical patients and six medicine glasses, no cups or bowls available; all dishes were collected after meals and sent to the sterilizer. The difficulties we worked under were many, the laundry work was appalling, all drinking water had to be chlorinated. The water here has been contaminated for some time and therefore, on arrival, I explained to the boys just what an epidemic of cholera means. One of the nurses said to me, "You certainly put the fear of God into them." However, we had no dysentery in my building, for which I was thankful. For two days, while we were busiest, all water was turned off. Water was hauled for the kitchens only,—cold, cold, everywhere. The smallest kind of stoves were used to heat wards the exact size of those at the New York Hospital. No lights after dark and on cloudy days this means 4 p. m. Intermittent Boche planes are over us day and night, with constant firing from anti-aircraft guns and often shrapnel

and machine gun. (We have become so accustomed to air raids they cease to be thrilling. I seldom watch them now. I pity the night nurse with her sick patients and *no lights under any circumstances, most of the time*; a camouflaged lantern is permissible only when it rains, or on windy nights with no signs of the Boche. For my building of 280 patients, I distributed the nurses as follows, there being six in all, and two corps men: One with mumps patients, one corps man; two with pneumonia patients, one corps man; one for medications; one for treatments and temperatures; one for diets. Besides being in charge, I took the diets and served all the meals, with three convalescent patients helping. The wheels of an old stretcher, with a shelf across the bottom, make an excellent food cart, large enough for placing the hot food cans and dishes; the food was served hot. How grateful our boys are for the very little nursing care we can give them! Their patience and appreciation are most pathetic. To warm them as quickly as possible on arrival, and to keep them so with hot drinks, hot food, and a pair of woolen socks, is most essential. Our results were splendid with all but those seriously ill with pneumonia, on arrival. I *never* want to see another case of pneumonia following influenza, it is this dreaded disease that is filling our A. E. F. cemetery fast. In their delirium the boys are always in the trenches, advancing, or taking prisoners. They have made wonderful soldiers and there was no reason to expect so much of them. The French people simply adore our boys. I have made little progress with the language but one can read in their eyes and expression. We are situated on the slope of a hill on the outskirts of a half ruined town which was occupied by the Boche for three weeks in 1914. The stories of their cruelties and vandalism from the peasants is harrowing and confirms the result of a militaristic government. No nation on earth could have endured so much and say "*C'est la guerre*," as the French do. They are truly wonderful. November 16th. What we have worked and prayed for has actually happened and now we scarcely realize the war is won, it is too much to grasp. We say to one another, It must be true. There are no more air raids, the moon is full and no bombs, the guns are silent, we have lights in our rooms without camouflage and not a sound from the siren. Our buildings lighted at night look unfamiliar and still seem uncanny. Our hospitals consist of five large stone buildings and many tents; the buildings were used for barracks in peace time. When the news of the armistice first came, I went to the edge of a lovely forest near by, where there is a monument to the Spirit of America, it is A. E. F. Cemetery No. 98. The boys sleeping in France won the war for us; I wanted to visit them first, it will be so hard to leave them. During the morning I carried the beautiful silk flag Miss C. gave me through the wards; the boys were delighted, those convalescing stood at attention, the bed patients leaned forward and kissed the flag spontaneously. It was touching, very little was said, their eyes moist with thoughts of comrades who went over the top and did not return. What a blessing it is that the spilling of blood and the irreparable mutilation of bodies has ceased. It matters not how long it may take to arrange terms of lasting peace. We have had our orders to pack at once, all patients are being evacuated, the supposition is that we go with the army of occupation to Germany. Yesterday and to-day, released British prisoners are pouring in. The French are taking care of them, but our boys bring them up from down town by the fifties. They are in a shocking condition, their faces thin and haggard from insufficient food, miserably clothed, many with only a thin shirt, and with footwear almost dropping from their feet. These men were taken to the frontier by a German sergeant, were given a quarter of a loaf of something they called bread, and were told to go and find their way as best they

se to be patients lantern Boche. are being an; two r treat- took the g. The excellent food was care we o warm nks, hot splendid t to see use that ways in soldiers simply an read the out- weeks in is har- on earth . They yed for o much r raids, r rooms hited at of five acks in ge of a ca, it is for us; morning the boys leaned as said, did not parable to ar- nce, all rmy of ers are hem up r faces only a en were loaf of st they could, no directions whatever being given. While struggling through miles and miles of No Man's Land and acres of barbed wire entanglements, many perished, though so near the goal. Unless one has actually seen the desolation and utter hopelessness of No Man's Land, it is impossible to realize the tortures these unfortunate and innocent men were subjected to. In spite of all this and what had gone before, they told me that if England wanted them to fight for her again, they were ready. Here they were taken first to the shower, where the vermin-covered rags were taken from them and burned, and an American uniform, shoes, cap, etc., given; next in line came dinner, then smokes and anything and everything they could muster, until their pockets actually bulged. This was just like home they said and we spoke their language. No sooner had one delegation returned to their quarters than another arrived; this procedure was irregular, but we closed an eye and did all we possibly could for them. These poor chaps walked twenty or thirty miles a day. They would have died of starvation and exhaustion had it not been for the generosity of the Alsatians who gave them food; ever so many died on the way.

France

A. S. R.

II.

Dear ____: On June 1, I was sent to Camp Pike, Ark. When travel orders came I was crestfallen, for I thought of Arkansas as a rather desolate place, but as I had signed up "where needed" I didn't say anything and really my wishes were of minor consideration. However, pleasant was my surprise when I found Camp Pike built on timber land with only as much cleared as was necessary for buildings, roads, and drill ground. The country is hilly and just a mile from the base hospital on Sunset Cliff one gets a wonderful view of the Ozarks. The intense heat during the summer was very trying, but never have I seen a more beautiful fall. The weather was perfect, the autumn coloring of the trees and shrubs was the most wonderful imaginable. One species of gum tree was as vivid a red as the poinsettia flower; then the maroon of the hardwood maple, the yellow of the hickory, the oak, etc., made a picture which I'll never forget. I feel grateful to kind Providence for having directed my footsteps to Camp Pike, not alone for the scenery but also to help with the work. I enjoyed all so much. On November 18, I was transferred to Camp May as anesthetist. I was glad of the opportunity of doing the work I like so much. The hospital was formerly the Cape May Hotel, it is a very fine building facing the ocean. Seven hundred patients are accommodated, mostly from overseas. ¹¹¹ Peripheral nerve, face, and head injuries are treated here. The work is intensely interesting, such wonderful results are being obtained by way of reconstructing some of these terribly maimed and disabled men. They are so fine about coming to the operating room for anaesthetics and some have had as many as six, seven, even eight. I have never heard one of them whimper. It fills one with admiration for them. Extensive work is being done along educational lines. I believe lip reading has been the most interesting feature to me. The men learn it in a very short time and do it so well that it is hard to believe they cannot hear a word.

M. A. P.

SHORT COURSES FOR NURSES

Dear Editor: I have been watching with interest the articles written on the subject of short courses for nurses. It seems to me that people who have for some time entertained the idea that nursing is a matter of work without

training are using this epidemic situation to advance the arguments we have all had to fight in drafting our state laws. The solution of the problem will never be reached by six months' or one year's training. Such courses would lead to many undesirable women passing as nurses. Even with a state license for such nurses, the public would not always know the difference and the nursing profession would suffer from poor work done by them. The best solution I can see for the situation is extension of home nursing lessons as outlined by the Red Cross Chapter. Particularly, give these home nursing lessons to all high school girls. The ignorance of some mothers on the first principles of hygiene or home nursing is a crime against our American civilization. My experience with the epidemic of influenza in trying to get patients properly isolated and to even get mothers to wash the patients' dishes properly, shows the lack of common knowledge that every mother should have. However, we need some stringent laws to prevent profiteering in epidemics. The graduates of this community have done finely. Many have worked for weeks with the influenza for \$35.00 a week, but our so-called practical nurses have charged \$6, \$7, and \$10// a day. We know that this year has been extraordinary in many ways, and the nursing profession must expect its share of difficulty. As is usually the case, we should gain in the end, but we can't let down the bars in the nursing world.

South Dakota

M. V. W.

RECONSTRUCTION

Dear Editor: In reading Miss Stewart's contribution on Reconstruction, I could not but feel that one of the questions the nursing profession should consider, is that of hospital and training school officials. It is a self-evident fact that we need a greater degree of efficiency in hospital and training school management. How can we secure it? Require all prospective superintendents, be they physicians, graduate nurses or laymen; all assistant superintendents, all training school superintendents, floor supervisors, teachers, operating-room supervisors, night supervisors, etc., to pass an examination and secure a certificate or license before they can accept or fill certain positions. The public school teacher, who is entrusted with the teaching of the children in the public schools; the college professor, who instructs the students in our colleges, are licensed; then why should the hospital official, who is responsible to the public for the education of the student nurse; the training school superintendent, who is largely responsible for the high standards of the profession; the hospital superintendent, who is responsible to the public for the degree of service rendered it, be exempt? If this were done, we would not find graduates of a twenty-bed hospital assuming the responsibilities of a fifty-bed hospital; we would not find improperly trained, unethical women assuming the training of young women in our training schools. We would eliminate incompetents, thereby raising the standard in all training schools, which would result advantageously, in that better trained women would leave the training schools. There are hospital superintendents (laymen), who undertake the management of the affairs of a hospital, but who have absolutely no knowledge of the needs of the patient. Because they are wizards in making money for the hospital, they are considered good hospital executives. Is "making money" the motive for a hospital's existence? It should be a place where the ills of the body are cared for in a scientific manner, where sympathy and human kindness are found. How many patients leave our hospitals with a feeling of distrust? They are disillusioned; instead of becoming ardent advocates of the institution, they become severe critics. The woman who accepts a hospital position,

must make sacrifices; she must have been tried and tested in the furnace, and must have emerged a better woman. She must be a living example of her teachings. Would a licensed superintendent refuse to sign a requisition for extra eggs needed on a floor, or one for extra linen, needed for a profuse drainage case, or for a breast pump, needed for a badly caked breast? Not if he had been trained for the position he is filling. Would a training school superintendent do fancy work while on duty, spend the time she is supposed to be on duty, in making social calls? Not if she had been trained for the position she is filling. Would the night supervisor be satisfied to spend her time on duty either in reading novels, doing fancy work, or sleeping, instead of teaching the pupil nurses how to manage their floors, reading the night orders, and seeing to it that they are properly carried out? Not if she had been trained for the position she is holding, instead of filling. Would the operating-room supervisor present an untidy, dirty appearance, and at the same time undertake to teach pupil nurses surgical asepsis? Not if she were a licensed woman. If pupil nurses were under daily supervision of properly trained women, would they neglect the dusting of beds, chairs, etc. (not the visible, but the invisible parts of these articles of furniture); would they neglect the many little things, which really become the big things, after the patient leaves the hospital? If we want a good product from a training school, we must have an efficient personnel; one that will work in harmony; we can secure this sort of personnel only by licensing the hospital official. If graduate nurses want hospital positions, let them qualify for these positions; if a layman wants to manage the business affairs of a hospital, let him, first of all, be instructed in the little things that mean so much to the patient, such as the necessity for clean sheets, the necessity for extra nourishment, the necessity for heat during the night, where there are ill patients who require treatments during the night, etc. To-day, we should demand specially trained people for the positions they fill. We do not, as a rule, find a general practitioner undertaking a Caesarean Section; that is performed in most hospitals by a man trained for the work; we do not find a nose, ear, and throat specialist prescribing for a typhoid fever patient; he refers such a patient to the medical man. Why then, should the training of pupil nurses be entrusted to graduate nurses who are not qualified to do full justice to the work they have undertaken? Let the nursing profession make the same strides forward as the medical profession is making.

Michigan

E. M. M.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

Meetings of directors and committees of the American Nurses' Association, the League, and the JOURNAL were held in New York, January 15-18, last. The most important matters discussed or business transacted were as follows: The Revision Committee reported that the process of reorganization is proceeding in a satisfactory manner in most of the states, considering the handicap of war and epidemic, which has hindered progress. The directors accepted the resignation from direct membership of twenty-five city or county associations, ninety-five alumnae associations, and eighty-three Permanent Members. The treasurer reported that two county associations, ten alumnae associations and twenty-five Permanent Members have lapsed in dues; it was decided to remove their names from the membership file.

The JOURNAL stockholders accepted with regret the resignation of Miss Noyes, who felt that she should not occupy the two positions of president of the American Nurses' Association and president of the JOURNAL Board. Miss Jammé was chosen to fill the vacancy on the JOURNAL Board, the other members being reelected. The new JOURNAL Board chose Miss Sly of Michigan as president. Miss Riddle and Miss Ahrens were reelected treasurer and secretary.

The Robb Fund Committee reported that one summer scholarship had been awarded and six scholarships for the present year. April 15th will be the closing date for receiving applications for the year 1919-20. It was decided to award most of the scholarships this year to applicants who wish to prepare themselves for teaching or executive work in training schools, as there is such a dearth of well qualified instructors, and as there are so many scholarships available in other ways for public health courses.

The Relief Fund Committee reported two new applicants and three withdrawals. Eight nurses are at present being aided from this fund.

At the joint meeting of directors of the American Nurses' Association and the League, Dr. Anna Hamilton of the Protestant Hospital, Bordeaux, France, was present and told of the work of her nurses and of their need for new buildings and equipment. The joint boards decided to make an appeal to the nurses of the country to help Dr. Hamilton to secure the needed funds and suggested that this be made a memorial to the nurses who have died in active service. It was decided to ask, through the Legislative Section of the American Nurses' Association that an effort be made to appoint salaried inspectors of training schools in all states and that these be women fitted educationally and professionally for the task. State associations are to be asked to establish permanent headquarters, to form state committees to work for Rank for Nurses, to coöperate in the Red Cross Survey, and to work through their legislative committees for an eight-hour day for student nurses (52 hours a week), and for the training of attendants with mandatory licensure.

The establishment of the Bureau of Information in New York was endorsed and a Joint National Committee from the three national associations was ratified as follows: American Nurses' Association, Miss Noyes, Miss Nutting, Miss Francis; League, Miss Clayton, Miss Hilliard, Miss Goodrich; Public Health, Miss Beard, Miss Wald, Miss Crandall.

It is recommended that state associations require alumnae membership as a prerequisite for individual district membership.

The Publication Committee of the American Nurses' Association has been

asked to secure from the training schools of the country uniform information on blanks to be furnished by the League.

When the Interstate Secretary completes her present term of service, late in the summer, the work will be discontinued for a time, not for lack of appreciation of her services which have been very great, but because of the uncertain state of the various treasuries, due to reorganization and war conditions.

The National League of Nursing Education will hold its annual meeting in Chicago, June 24-27, at the Congress Hotel. Bena M. Henderson, Children's Memorial Hospital, is chairman of the Local Arrangements Committee.

AMERICAN NURSES' ASSOCIATION
REPORT OF NURSES' RELIEF FUND, JANUARY, 1919

Receipts

Previously acknowledged	\$3,094.15
Interest on bonds	106.25
Interest on two certificates stock	60.00
Alabama State Association of Graduate Nurses	15.80
Agnes N. Lehman, Roselle Park, N. J.	1.00
Mrs. A. H. Bartley, Philadelphia, Pa.	1.00
Nurses' Registry Association, Colorado Springs, Colo.	10.00
Washington Graduate Nurses' Association	25.00
Alumnae Association, Dr. Price's Training School, Philadelphia.....	125.00
Elizabeth A. Somers, Waterbury, Conn	10.00
Anna L. Bryant, Orange, N. J.	5.00
Agnes G. Deans, Washington, D. C.	2.00
Passaic General Hospital Alumnae Association, N. J.	5.00
Methodist Episcopal Hospital Alumnae Association, Philadelphia.....	10.00
District of Columbia Nurses' Association	11.00
Barbara H. Bush, Reading, Pa.	5.00
L. H. Cadwell, Ivoryton, Conn.	1.00
Overlook Hospital Alumnae Association, Summit, N. J.	10.00
Sophia F. Palmer, Rochester, N. Y.	5.00

\$3,502.20

Disbursements

Application approved, No. 2, 37th payment.....	\$ 5.00
Application approved, No. 5, 24th payment.....	20.00
Application approved, No. 6, 33rd payment.....	15.00
Application approved, No. 7, 27th payment.....	15.00
Application approved, No. 11, 24th payment.....	20.00
Application approved, No. 14, 11th payment.....	15.00
Application approved, No. 15, 7th payment.....	15.00
Application approved, No. 16, 4th payment.....	20.00
Exchange on cheques40 125.40
	\$ 3,376.80
13 Bonds	13,000.00
2 Certificates of stock	2,000.00
6 Liberty Bonds	6,000.00
Balance February 1, 1919	\$24,376.80

Will those who have made pledges to the Relief Fund, kindly send the same to the treasurer, as many are now overdue.

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

(Mrs. C. V.) M. LOUISE TWISS, *Treasurer.*

ARMY NURSE CORPS

A general order has been issued relative to the issue of certain equipment to members of the Army Nurse Corps, a copy of which is given below:

General Orders, No. 134.

War Department,

Washington, December 17, 1918.

II. 1. In order to enable them immediately to comply with regulations requiring the wearing of uniform, a single initial uniform outfit is hereby authorized for issue to members of the Army Nurse Corps upon their entry into the service, as follows:

- One navy blue Norfolk suit.
- One navy blue overcoat.
- One navy blue flannel waist.
- One navy blue velour hat for winter.
- One navy blue straw hat for summer.
- Two sets insignia, United States.
- Two pairs insignia, badge of corps.

When members of the Army Nurse Corps are ordered to duty overseas with the American Expeditionary Forces, the following additional articles will be issued to them:

- Six gray cotton uniforms.
- One gray woolen sweater.
- One gray woolen muffler.
- One raincoat.
- One blanket for use on transport.
- One sleeping bag.
- One steamer trunk.

2. Nurses who have been enrolled for service during the existing emergency and who have not been supplied with uniform outfits by the American Red Cross without cost to themselves will be entitled to the issue herein authorized. The Quartermaster General will supply the necessary articles of uniform for issue and for sale at cost price when issue is not authorized. The details of material, make, and design will conform to the specifications described by the Surgeon General, and no changes will be made therein without his authority.

[421, A. G. O.]

By order of the Secretary of War:

PEYTON G. MARCH,
General, Chief of Staff.

Nurses are being returned to the United States from overseas in increasing numbers weekly, the majority of whom desire to proceed to their homes for termination of service immediately upon arrival. In order to avoid any delay, authority has been given to the Surgeons at the Ports of Embarkation to send all those nurses who request it, immediately to their homes for relief from service. All those who desire to remain in the service are requested to make an official

the same

s, Treas-
able to the

urer.

quipment

1918.

tions re-
authorized
e service,

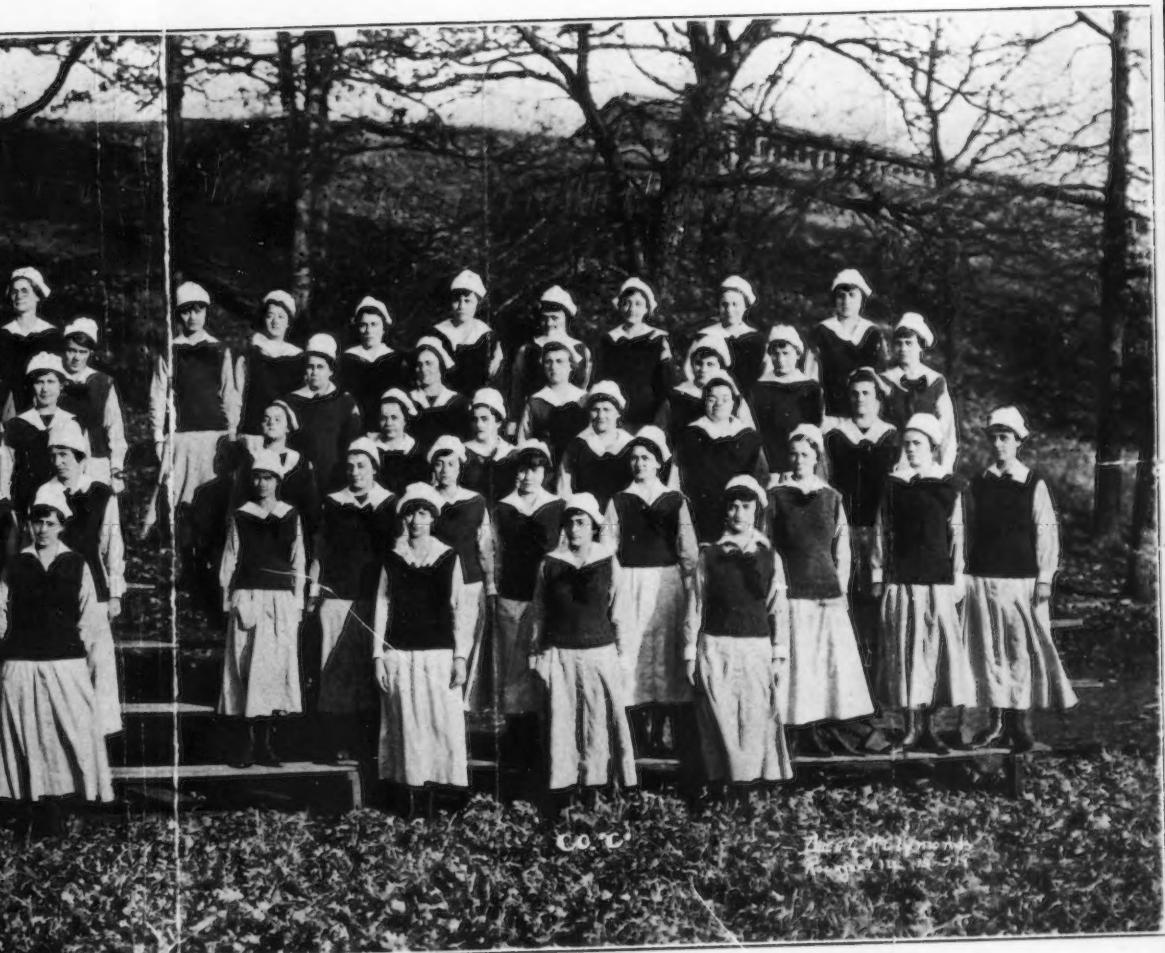
eas with
will be

ergency
ed Cross
ed. The
or issue
aterial,
Surgeon

taff.
creasing
mes for
y delay,
to send
service.
n official







request to that effect, to be forwarded to this office for consideration. Orders were issued for the relief of six hundred sixty-eight nurses during the month of January.

The following number of nurses have returned to the United States from overseas:

Base Hospital No.	101	4
" "	114	4
" "	115	2
" "	117	2
" "	68	1
" "	67	2
" "	66	1
" "	65	2
" "	62	1
" "	58	1
" "	49	1
" "	48	11
" "	47	1
" "	46	2
" "	39	13
" "	35	1
" "	31	1
" "	30	1
" "	27	1
" "	29	2
" "	24	2
" "	23	2
" "	22	5
" "	19	2
" "	18	1
" "	14	2
" "	13	2
" "	12	2
" "	11	4
" "	10	1
" "	9	2
" "	8	2
" "	7	1
" "	5	1
" "	4	2
Casuals		43

Miss Sayres Louise Milliken, formerly on duty as Chief Nurse at Base Hospital, Camp Sevier, S. C., has been transferred to the office of the Surgeon General and promoted to the grade of Assistant Superintendent, Army Nurse Corps.

HONOR ROLL

Died in the Service of Their Country

Elina W. Hill	January 2, 1919	United States
Meda L. Hertzog	January 5, 1919	United States
Eleanor Cassidy	January 19, 1919	United States

Alberta I. Weigner	January 20, 1919	United States
Kate Dodson	January 21, 1919	United States
G. Mary Welsh	January 29, 1919	United States
Anna G. Clements	January 31, 1919	United States
Ida H. Vietmeier	January 8, 1919	France
Grace L. Malloch	January 10, 1919	France
Luella M. Wheeler	January 14, 1919	France

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Attached herewith is a list of the nurses in the Navy, whose names should be included in the Honor Roll, as having died in the service of their country.

These nurses gave their professional services in full measure and the circumstances connected with their death, were inestimably sad because of their youth and the wonderful spirit each demonstrated in the service of her country.

The loss sustained by the death of Ethel McClenahan was widespread and keenly felt. She had been a member of the Navy Nurse Corps for eight years and had been closely associated with the majority of the nurses in the Navy, who remember her for her kindness, her unselfishness, and the never failing words of cheer and courage which she had for all with whom she came in contact in her professional capacity and also in her social life.

HONOR ROLL

Died in the Service of Their Country

Maude E. Coleman
Alice Lea
Drusilla Marie Casterline
Theresa Burmeister
Ethel McClenahan

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

Alabama.—THE ALABAMA STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting January 21, in Montgomery, Helen MacLean presiding. Owing to the great demand for nurses the attendance was smaller than usual. After the usual business transactions, a paper was read by Catherine Moultsis on Rank for Nurses. Mrs. Engblad of New Orleans gave an interesting talk on the need for nurses in public health work and the advantages derived from scholarships which were being given to those who would avail themselves of the opportunity. Miss Riffel gave a talk on overseas service. A paper on food conservation was read by Miss MacLean. The following officers were elected: President, Mary Denman, Birmingham; vice presidents, Mary B. Walker, Birmingham, and Lemoyn Phares, Mobile; secretary, Bertha Clement, 2019 Avenue F, Birmingham; treasurer, Josephine Cady, Mobile; councillors, Catherine Moultsis, Birmingham, and Eunice Ward, Montgomery. Chairmen of committees: Relief Fund, Julia T. Dainwood; Ways and Means, Linna H. Denny, Anniston; Nominating, Helen McLean, Birmingham; Arrangements, Verna Rice, Mobile; Printing, DeWitt Dillard. **Birmingham.**—DISTRICT ASSOCIATION NO. 1 OF THE ALABAMA STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on January 8,

in the directors' room of the Civic Association, ten members and one visitor being present. After the regular business had been transacted, the following officers were elected: President, Catherine Moults; vice presidents, Ellen Quilty and Elizabeth Walker; treasurer, Mary B. Walker; federation secretary, Katherine Taylor; directors, for three years, Helen MacLean and Bertha Clement. Mary B. Walker and Mrs. Cora Sanford were elected delegates to the meeting of the State Association in Montgomery, with Frances Zinkan and Miss McCauley as alternates. Miss MacLean then presented to the new president the gavel which was decorated with association colors and which is a souvenir from Mt. Vernon, the home of Washington. A Red Cross meeting followed at which several letters were read from nurses in overseas service. Alberta Ginn gave an interesting account of her service at Camps Beauregard and Sevier.

Delaware.—THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES held its eighth annual meeting at the Homeopathic Hospital on January 22, 1919. There was a very large attendance at both morning and afternoon sessions. The Association has revised its constitution and by-laws to meet the requirements of the American Nurses' Association, members are now accepted through the alumnae of the various training schools, and where such do not exist, they are admitted as individual members; all members of the state association becoming automatically members of the American Nurses' Association. Fifteen new members were admitted. At a former meeting a fund was started with which to purchase, as a memorial to the seven nurses who gave their lives by devotion to duty during the recent influenza epidemic, a nurses' club house, where meetings could be held and a directory maintained. A committee was appointed, of which Evelyn B. Hayes is chairman. It is authorized to collect funds and interest the public in this worthy project, for it is felt it will have an elevating influence on the standards of nursing in Delaware when a club is secured, where books, records, etc., can be kept, and where nurses can meet and discuss nursing affairs. It will also be a home for nurses. A scholarship is to be donated for the preparatory course in nursing to be given at the Women's College of Delaware, the course to start March 1st. All nurses were asked to try and secure applicants for this course which will be such a valuable adjunct to a nurse's hospital training and for which credit will be given. The course is modeled after that given at Vassar. Any one wishing to take the course is advised to write to Dean Robinson at Newark, Delaware. Mrs. Walter O. Stack, 615 Delaware Avenue, was appointed chairman of a committee to collect funds for this purpose. The association endorsed the efforts of the Industrial and Social Relations Committee in its work for the Children's Bureau. Special Commissioner of State Board of Health, C. H. Wells, addressed the association on Public Health conditions in Delaware and called attention to the great need for legislation regulating the various Board of Health activities in the state. The nurses agreed to help in every way possible to improve existing conditions. The election of officers resulted as follows: President, Mary A. Moran, Wilmington; vice presidents, Estelle Hall Speakman, Claymont, Marie T. Lockwood, Wilmington; secretary, Evelyn B. Hayes, 913 Delaware Avenue, Wilmington; treasurer, Mrs. Walter O. Stack, Wilmington; councillors, Elizabeth Whitten, Florence J. Thomas, Alida H. Turner, Mrs. Margaret Garrett Forman, Frances I. Reed, Susan S. Young.

Illinois.—THE COMMITTEE OF NURSE EXAMINERS OF THE STATE DEPARTMENT OF REGISTRATION AND EDUCATION has the following members, reappointed: Anna Willenborg, St. Joseph's Hospital, Chicago; Elfrieda Erlandson, assistant superintendent Wesley Hospital School for Nurses, Chicago; and Ada Belle McCleery, superintendent Evanston Hospital and School for Nurses. The new members

appointed are: Elizabeth Asseltine, superintendent of Ryburn Hospital and School for Nurses, Ottawa; and Mabel McClenahan, School Nurse, Princeton. The Committee met in Springfield February 5-8 for the purpose of examining ninety candidates for state registration and conducting hearings upon a number of schools for nurses which had been cited for removal from accredited list. THE NEXT EXAMINATION in Illinois for Registered Nurse will be held in Chicago on Friday and Saturday, April 4 and 5, 1919. Applications should be on file in this office not later than March 25, 1919. All correspondence in regard to applications, etc., should be addressed to F. C. Dodds, Superintendent of Registration, Springfield, Ill. THE ILLINOIS STATE LEAGUE OF NURSING EDUCATION met at the Chicago Nurses' Club February 3. There was a full discussion on the proposed bill providing for the registration of two groups of nurses. F. C. Dodds, Superintendent of Registration of the State Department of Registration and Education, was present, giving the nurse the value of his knowledge of the administrative features as well as the layman's point of view. The Chicago Nurses' Club gave a reception on February 2 in honor of the twenty-five student nurses from the Presbyterian, Wesley, Michael Reese, Evanston, Augustana and West Suburban Hospitals, and the Illinois Training School, who have been enrolled in the three months' course in Public Health Nursing for student nurses, conducted under the auspices of the Chicago Red Cross Chapter and the Chicago School of Civics and Philanthropy. The students will be housed at 2710 Prairie Avenue, next door to the Chicago Club, and Helen W. Kelly will be in charge. THE THIRTEENTH DISTRICT of the State Association of Graduate Nurses held its seventh annual meeting at the Y. W. C. A. in Springfield on February 4. There was an unusually large attendance, the best evidence that the war is over. An excellent address was given by Dr. C. W. East, State Department of Health, on "The Nurse as a Citizen." The proposed bill providing for two groups of nurses was fully discussed and endorsed. The officers were reelected, to serve in 1919, as follows: President, Anna L. Tittman; first vice president, Mary J. Heitman; corresponding secretary, Minnie Wilbur; recording secretary, Maude Ryman; treasurer, Mrs. Sophia Strandberg.

Indiana: Fort Wayne.—THE LUTHERAN HOSPITAL ALUMNAE held its annual meeting recently and elected the following officers: President, Anna Holtman; vice presidents, Pauline Bischoff and Delta Trautman; secretary, Louise Nicol; treasurer, Beda Nicol; members of executive board, Augusta Fisher, Meta Holman. The chairmen of committees are: By-laws, Florence Clark; Social, Emilie Christ; Program, Anna Lauman; Credential, Carolina Kramer; Sick, Lula Dixon; Auditing, Augusta Fisher. The association has 75 active members.

Maine: Bath.—A PROMINENT CITIZEN has offered a sum of money toward a monument to three nurses who gave their lives during the epidemic of influenza, Harriet F. Bliss, Alice Dean, and Adelaide Hogue. He believes it would be a perpetual reminder of the nobility attached to the performance of duty.

Massachusetts.—THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on April 8 and 9, 1919, at Boston, Mass. Application for any examination must be filed at least five days before the examination date. Walter P. Bowers, M.D., Secretary. THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its mid-winter meeting on February 8, at Assembly Hall, Administration Building, Boston University. After routine business, there was discussion and explanation of the amendment to the Nurse Practice Law which the State Association is presenting to the Legislature this session and which had a hearing before the Public Health Committee February 5th. There were many able supporters, the opposition being on minor points only.

The chief features are that only graduates acceptable to the Board of Registration and passing its examination shall be entitled to be called Registered Nurses; that graduates acceptable to the Board but not able to pass the examination and all others nursing for hire, must be licensed. The Interstate Secretary gave the address at the state meeting, opening her campaign of the state, during which she is to speak before most of the county associations, alumnae associations, and groups of students, on Reorganization and Public Health Nursing. She gave a summary of the origin and work of the three national organizations, making organization her strong point, informing the younger members of its value, and refreshing the memories of the older ones, showing that the aim of the pioneers was the uplift of the profession, and that whenever a departure has been made from this aim, it has sooner or later, had to be modified. An informal luncheon was given at The Westminster, at which the members had an opportunity to meet Miss Eldredge. **Boston.**—THE MASSACHUSETTS GENERAL HOSPITAL held graduating exercises on January 14, for a class of 58. Hon. Henry Van Dyke gave the address. THE NEW ENGLAND HOSPITAL FOR WOMEN AND CHILDREN held graduating exercises on December 12 for a class of fifteen. This was the 44th class graduated from the school. Linda Richards graduated in the first class. **Brookline.**—IDA M. LEWIS, chief nurse of the District Nurses' Association, has been chosen to represent the Teachers' Club on the Hygiene Committee of the State Federation of Teachers' Clubs. Miss Lewis believes that a better understanding between teachers and nurses of the aims and ideals of each, would be of great assistance in directing desirable candidates into the training schools. **Newton Lower Falls.**—MARY M. RIDDLE has leave of absence to convalesce from an attack of influenza or, more truthfully, reaction from her strenuous year of war work. **Marblehead.**—THE LATE BENJAMIN COLE bequeathed \$1000 to the Visiting Nurse Association of this city. **Fall River.**—MRS. ANNA ROTHROCK, for many years superintendent of Union Hospital, has resigned and is to take up work in Syria.

Michigan: Ann Arbor.—DISTRICT No. 2, of the State Association, which includes Livingston, Washtenaw and Lenaway Counties, held its annual meeting on January 10 and elected the following officers: President, Mary E. Hoover; vice presidents, Miss Welch and Miss Pemberton; secretary, Agnes Tennant; treasurer, Margaret McCreedy; directors, Miss Peck, Mrs. M. Robinson, Miss Huffman, Miss Read, Mrs. Washburn, and Miss McCabe. This is the first meeting under the new constitution. The regular meetings will be held at the University of Michigan Hospital, the second Friday in the month, at 3 p. m.; it is hoped that nurses residing in these counties will make an effort to attend them.

Mississippi.—A STATE LEAGUE OF NURSING EDUCATION was organized at Jackson on January 7 and temporary officers elected as follows: President, Mrs. Jennie Quinn Cameron, Hattiesburg; secretary, Mary H. Trigg, Greenville. Mrs. Maude E. Varnedoe and Jane P. Cox were appointed a committee to draft constitution and by-laws. **Hattiesburg.**—THE KING'S DAUGHTERS' HOSPITAL held graduating exercises for a class of three at the Forrest Club on January 30. Addresses were made by Howard S. Williams, Dr. F. E. Harrington, and Mrs. James S. Cameron, who also administered the oath to the graduates and presented the diplomas and pins. A reception followed the exercises.

New Jersey.—THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold its next examination at the State House, Trenton, March 28. All communications should be addressed to Room 302, McFadden Building, Hackensack. Elizabeth J. Higbid, Secretary-treasurer. Because of the resignation from the Board of Examiners of Misses Squire, Creech, and Hooper, the Governor made

appointments to fill the unexpired term. At a meeting of the Board held at the State House, Trenton, on January 17, the following officers were elected: President, Mary J. Stone; secretary-treasurer, Elizabeth J. Higbid. The office of the Board is now located at Room 302, McFadden Building, Hackensack. **Summit.**—THE ALUMNAE ASSOCIATION OF OVERLOOK HOSPITAL held its annual meeting on January 17, when the following officers were elected: President, Bertha E. Wildman, re-elected; secretary, Florence Benney; treasurer, Gladys Booth. Eleven members have been called into service, four of whom are overseas. **Jersey City.**—CHRIST HOSPITAL ALUMNAE ASSOCIATION is proud of the fact that one of its members, Tyldesley L. Sands, has been commended by General Pershing for her fortitude and devotion during an air raid on the night of June 30, when she "displayed great courage and coolness and brought cheer and comfort to the helpless soldiers." **Bayonne.**—THE BAYONNE HOSPITAL ALUMNAE has elected officers as follows: President, Mrs. Mahaken; vice president, Mrs. E. Bruchman; secretary, Sophia P. Walte; treasurer, Katherine Gara.

New York: Buffalo.—A MASS MEETING of the associations included in District No. 1 of the State Association was called by the chairman of the State Revision Committee for January 23. The meeting was held in the lecture room of the Buffalo Hospital of the Sisters of Charity, kindly offered for the purpose. The attendance was most satisfactory, graduate nurses from nearly every registered nurse school in Erie, Niagara and other counties in the District were represented. Mrs. Hanson was chosen temporary chairman and Miss Kennedy, temporary secretary. They will retain office until the permanent officers are chosen. It was decided to form a District Association and by-laws were adopted tentatively, to be taken back to the alumnae associations for discussion before final action. **Rochester.**—THE MASS MEETING called for the purpose of forming District Association No. 2 was held on January 21, with a good attendance from the city and a few from out of town. The next meeting will be held on March 4, when permanent officers will be elected and the by-laws finally adopted. **New York.**—THE NEW YORK POST GRADUATE HOSPITAL held graduating exercises for a class of 37 on the evening of February 4. THE CENTRAL CLUB, on February 9, had a lecture by Agnes Ward on The Unspoiled African. A committee from the Club meets all steamers to welcome home-coming nurses.

Ohio: Cleveland.—A COURSE IN PUBLIC HEALTH NURSING will be given at Western Reserve University, for a period of eighteen weeks, beginning April 28.

Oklahoma.—THE OKLAHOMA STATE NURSES' ASSOCIATION postponed its fall meeting because of the epidemic, but held a one-day session, for business only, on December 19. The constitution and by-laws approved by the national association was adopted. Officers were elected as follows: President, Jessie Hammer, Oklahoma City; vice presidents, Lina L. Davis, Oklahoma City; Audrey Abbott, Tulsa; Ann Phillips, Muskogee; Mrs. Clint Kingery, Billings; Grace DeWitt Irwin, Clinton; secretary-treasurer, Lela Carr, 915 West 23rd Street, Oklahoma City. A State League was also organized with Jane Nicols of Oklahoma City as president and Audrey Abbott of Tulsa as secretary-treasurer. It has fourteen members. **Muskogee.**—THE THIRD DISTRICT reports four members returned from service at Camp Beauregard, La.

Pennsylvania: Philadelphia.—THE ALUMNAE ASOCIATION OF THE TRAINING SCHOOL OF THE MEDICO-CHIRURGICAL HOSPITAL held its annual meeting at the Polyclinic Hospital on February 5, when the following officers were elected: President, Emma C. Smith; vice presidents, H. Miller, Mrs. J. A. Beyer; secretary, Mrs. Margaret B. Bonnaffon; treasurer, Mrs. H. S. Hermann; directors, Mrs. White, Miss Arms, Mrs. Jameson. Forty members are in the service. During

the recent epidemic the married members did their part, also. The endowed room and a room for the association's meetings are at the Polyclinic Hospital. THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL held its 29th annual meeting on January 15 at the hospital. Officers for 1919 are: President, Helen F. Greaney; vice presidents, Mrs. Sara S. Entwistle, Bertha Seldomridge; recording secretary, M. Isabel Rowland; corresponding secretary, Jean M. Bixby; treasurer, A. M. Peters; directors, Mrs. I. B. Close, Lavinia Rabock, Harriet Gaul. During the year 1918 seventeen new members were accepted. One hundred forty-two members are in good standing, of whom ninety-three are resident and forty-nine are non-resident. One hundred thirty-seven subscriptions for the AMERICAN JOURNAL OF NURSING were sent in. Six members have been claimed by death during the year as follows: February 18, Sara Haydock, class of 1918; August 20, Katherine Miller, class of 1903; October 14, Dorothy Thorp, class of 1917; December 20, Elena Prickett, class of 1911; December 22, Mrs. Nellie Shoe Chubb, class of 1910; January 12, 1919, Mary Turpin, class of 1908. Two pupil nurses died of influenza, they had just completed their first year's work: Blanche Ely and Marie Robinson. Fifty-eight nurses responded to their country's call. Reading.—THE READING HOSPITAL ALUMNAE at their annual meeting reelected the following officers: President, Anna R. Barlow; secretary, Emma J. Hiester; treasurer, Edna M. Hain. Mrs. Annie R. Stevenson was elected vice president to fill the vacancy caused by the death of Marie Hidell. Three of the alumnae members have died while on active service.

Rhode Island.—THE RHODE ISLAND STATE NURSES' ASSOCIATION held its annual meeting at the Medical Library, Providence, on January 31. Mrs. Harriet P. Churchill was reelected president and Edith Barnard, secretary. Reports were given by the secretaries and the president; also reports from the Survey Committee and the Committee on Red Cross Nursing Service. Mrs. H. O. Havemeyer of New York was then introduced and spoke of Rank for Nurses and how this Association may help in securing it. Tea was served and an opportunity given for the members to meet Mrs. Havemeyer and ask questions. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION held its annual meeting on January 30, at the Memorial Hospital, Pawtucket. Nelle Selby was elected president for the following year and Elizabeth F. Fleming, corresponding secretary. After the reports, etc., Helen Wood, acting superintendent at the Massachusetts General Hospital, spoke of the work that is being done there in Medical Social Service. Following Miss Wood, Ora M. Lewis, Acting Head Worker of the Social Service Department of the hospital, spoke of the Social Aspect of the Nurse's Work and Her Relationship to the Training School and the Social Service Department. Providence.—THE PROVIDENCE DISTRICT NURSING ASSOCIATION held its annual meeting at Arnold Laboratory, Brown University, on January 21. Reports of officers and of the acting superintendent, Winifred L. Fitzpatrick, showed a very busy and successful year. The epidemic of influenza taxed the powers of the staff of nurses more than anything that has gone before and to its credit it can be said that no call was denied. The nurses worked over hours and all advisory work was temporarily omitted, motors were loaned and the nurses taken from house to house, food was prepared by friends of the Association, married and retired nurses volunteered to help and in these and various other ways the Association was able to live up to its motto, "That no sick person shall suffer for the want of care in the city of Providence." Dr. W. H. P. Faunce, president of Brown University, and Mary Beard of Boston made addresses. THE HOMEOPATHIC HOSPITAL OF RHODE ISLAND held the annual meeting of its Aid Association on January 21. After the business meeting and election of officers, Dr. Robert

H. Whitmarsh spoke on Hospital Experience in This Country, and Dr. Ralph A. Sweet spoke on "Hospital Experience Overseas." THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on January 28. Miss Edgecomb was reelected president and Mrs. Arthur Savard, secretary. After the usual reports the constitution was considered and changes suggested by the National Committee were made. The annual meeting was again postponed that final action on the constitution may be taken if possible at the next meeting. THE RHODE ISLAND HOSPITAL NURSES' CLUB met on February 4. Owing to the illness of the president, the usual programmes had been disarranged, so the postponed reports of the convention of the American Nurses' Association at Cleveland last April were read. Miss Fitzpatrick spoke of the public health meetings, Miss Lord told of the League of Nursing Education and Miss Sherman of the American Nurses' Association. A report of the Survey recently taken in this place prepared by Miss Thornley was read. ST. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on January 22. Katherine O'Brien was reelected president and Mrs. Genevieve Tracey O'Rourke, secretary. Action was taken on the death of a member, Elizabeth Thompson.

Wisconsin.—THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES has had several changes in its personnel. Myra Kimball, City Health Department, La-Crosse, has been elected secretary. She was appointed to the Board recently to fill the vacancy caused by the illness of Miss Nifer. At the January meeting of the Board, Mrs. Millicent Northway was appointed to succeed Anna Dastych.

BIRTHS

On December 31, in South Orange, N. J., a son, to Mr. and Mrs. David George. Mrs. George was May H. White, graduate of The Orange Memorial Hospital, New Jersey.

On December 1, in Jersey City, N. J., a son, to Dr. and Mrs. Louis Pyle. Mrs. Pyle was Elizabeth C. Healey, class of 1917, Christ Hospital, Jersey City, N. J.

On January 17, in Wilberton, Okla., a daughter, to Mr. and Mrs. Joe Cook. Mrs. Cook was Ella B. Hoover, of Muskogee.

On November 27, a daughter, to Mr. and Mrs. James Richardson. Mrs. Richardson is a graduate of the New England Hospital Training School, class of 1914.

On November 15, twin daughters, Patricia and Florence, to Lieutenant and Mrs. Patrick Kelly. Lieutenant Kelly is in service overseas. Mrs. Kelly was Florence Hom, class of 1914, Illinois Training School for Nurses.

On February 9, a son, to Mr. and Mrs. Stauffer Riestand. Mrs. Riestand was Anna K. Torrey, class of 1917, St. Joseph's Hospital, Lancaster, Pa.

On September 8, a son, to Corporal and Mrs. R. J. Sailer. Mrs. Sailer was Alice D. Norris, class of 1915, Kings County Hospital, Brooklyn. Corporal Sailer is with the American Expeditionary Forces in France.

On December 6, in Reading, Pa., a son, John L., to Mr. and Mrs. Edward Bowman. Mrs. Bowman was Estella Miller, class of 1912, Reading Hospital, Reading, Pa.

MARRIAGES

On November 28, at Fortress Monroe, Virginia, Margaret A. Barron, class of 1914, New York Polyclinic Hospital, to James T. Rawls. Mr. and Mrs. Rawls will live in New York.

On December 23, at Mansfield Center, Conn., Ruth Hackman, class of 1917, Harrisburg Hospital, Harrisburg, Pa., to Rollin B. Clark.

Ralph A.
HOSPITAL
28. Miss
y. After
ed by the
ned that
meeting.
ng to the
the post-
Cleveland
ngs, Miss
the Ameri-
this place
ALUMNAE
Brien was
ction was

has had
ment, La-
recently to
eting of
astych.

d George.
Hospital,

yle. Mrs.
, N. J.
oe Cook.

on. Mrs.
, class of
nant and
Kelly was
tand was

ailer was
ral Sailer

Edward
Hospital,

on, class
rs. Rawls
of 1917,

On December 16, at Harrisburg, Pa., May Gorman, class of 1915, Harrisburg Hospital, to Andrew J. Griest, M.D. Dr. and Mrs. Griest are living at Steelton, Pa.

On January 20, in New York, Bertha May Kieft, class of 1916, General Hospital, New Britain, Conn., to John A. Flynn. Miss Kieft had served in the Army Nurse Corps for one year, her last assignment being Chief Nurse at Gerstner Field, Lake Charles, La. Mr. and Mrs. Flynn will live in Hartford, Conn.

On January 15, Grace Callahan, of Muskogee, Okla., to Frank J. Hopkins. Mr. and Mrs. Hopkins will live in Fort Worth, Texas.

On September 3, Clara J. Steiss, class of 1914, Fort Wayne Lutheran Hospital, Fort Wayne, Ind., to Hubert H. Reid. Mr. and Mrs. Reid will live in Tavistock, Ontario, Canada.

On October 9, at Brownsville, Texas, Marie Eickmeier, class of 1914, Fort Wayne Lutheran Hospital, to C. K. Arnheiter. Mr. and Mrs. Arnheiter will live in Hollywood, California.

On December 21, Anna Kugler, class of 1917, Fort Wayne Lutheran Hospital, to Louis Krimmel. Mr. and Mrs. Krimmel will live in Fort Wayne, Ind.

On November 30, Corabelle Joerns, class of 1918, Ft. Wayne Lutheran Hospital, Fort Wayne, Ind., to Lieutenant D. Brown.

On January 1, at Haifa, Egypt, Olive Ranger, class of 1912, Rhode Island Hospital, to Lieutenant R. L. Methany. Miss Ranger was a public health nurse in Providence, R. I., and had gone abroad as a member of the Palestine Unit. Lieutenant Methany is the son of a medical missionary in Palestine and was a member of the same unit.

In November, Gladys Griffith, graduate of the Bayonne Hospital, Bayonne, N. J., to D. Mahaken.

Recently, Elize Franze, graduate of the Bayonne Hospital, Bayonne, N. J., to Mr. Seebach of Waterbury, Conn.

Recently, Myra Watson, graduate of the Bayonne Hospital, Bayonne, N. J., to Mr. Darrow of Hoboken, N. J.

On October 4, at Clifton Springs, N. Y., Alice Driscoll, class of 1915, Rochester General Hospital, to Frank Fuller. Mr. and Mrs. Fuller will live in Rochester. Miss Driscoll was a member of the out-patient staff of the hospital.

On November 25, in Rochester, N. Y., Mrs. Nellie C. Lindsay, class of 1906, Rochester General Hospital, to Captain Hermann Russ. Mrs. Lindsay has been for three years supervisor of the staff of school nurses. Captain Russ is an officer of the Police Force. Captain and Mrs. Russ will live in Rochester.

On December 15, Emma Ryniker, class of 1902, Blessing Hospital, Quincy, Ill., to Herman Myers. Mr. and Mrs. Myers will live in Clearwater, Neb.

DEATHS

On January 12, at the Eye and Ear Hospital, Pittsburgh, after an illness of two months, Mary B. Turpin, superintendent of the hospital. Miss Turpin was a graduate of the Woman's Hospital, Philadelphia. She took a deep interest in war work, in addition to her hospital duties, and taught Red Cross classes. When the influenza epidemic appeared, she took charge of the hospital which was opened in a parish house and also assisted in influenza work at the Magee Hospital. She also cared for her nurses who were stricken with the disease, bringing them back to health. She did not contract influenza, but was greatly worn by her labors. She is a great loss to the nursing profession of the city, as she had wide professional interests.

On January 2, at San Francisco, Calif., Elina W. Hill, class of 1905, John Sealy

Hospital, Galveston, Texas. Miss Hill became ill at the Post Hospital, Douglass, Arizona, and was sent to the Letterman General Hospital for observation and treatment. She died after an operation on the gall bladder. Miss Hill had taken postgraduate work at the General Memorial Hospital, New York City. She will be greatly missed by her wide circle of friends, as she radiated happiness and sunshine.

On January 19, at Camp Merritt, N. J., of pneumonia, Eleanor Cassidy, class of 1894, Reading Hospital, Reading, Pa. Miss Cassidy was a very successful nurse. She served in the Spanish-American war and had been in service during the present war since October, 1918. She had been an active member of her alumnae association for twenty years. She will be sadly missed by her associates and in the community where she had nursed.

On October 10, in France, of septicaemia, two weeks after her arrival as an Army Nurse, Henrietta Drummond, class of 1917, St. Joseph's Hospital, Providence, R. I. Miss Drummond was a most efficient nurse and her loss is keenly felt.

On January 21, at St. Joseph's Hospital, Providence, R. I., of Bright's disease, Elizabeth Thompson, class of 1907. Miss Thompson was a private duty nurse for some years and then joined the District Nursing staff of which she was a beloved and valued member.

On January 24, at Orange, N. J., of pneumonia, Alicia M. James. Mrs. James was Alicia M. Smith, class of 1911, Orange Memorial Hospital.

On January 14, at Clairton, Pa., Mrs. Frederick M. Fritts. Mrs. Fritts was Clara Blaney, class of 1915, Western Pennsylvania Hospital, Pittsburgh. She had, during the epidemic, given a great part of her time to the care of patients in the Emergency Hospital.

On October 13, at the Augusta General Hospital, Augusta, Maine, of influenza, Adelaide Hogue, a graduate of the hospital. Although not very strong, Miss Hogue never shirked a duty, and when the call came for nurses to combat the epidemic in the ship-building city of Bath, she offered her services, feeling that she was needed by her country as much as are the soldiers. She was able to work but four days, when she was stricken; she asked to be brought to her own hospital. Her life is an example to all; her death is an honor to her school.

Recently, Catherine F. Kane and Mary Winkler, graduates of Mercy Hospital, Davenport, Iowa. Their fellow nurses appreciate the earnest efforts made by these nurses in ministering to the wants of suffering humanity.

In September last, Theodosia R. Thrush of Wilmington, Del.

On January 24, at Cleveland, O., of influenza, Mrs. William Murphy. Mrs. Murphy was Nellie Cunningham, class of 1910, Mt. Sinai Hospital, Cleveland. Her death was a great shock to her many friends.

The Nurses' Alumnae Association of the Lankenau Hospital, New York, reports the following deaths from influenza: On October 10, Lydia Rittman, class of 1918; on October 12, Mercy Stoner, class of 1913, night superintendent of the hospital; on January 3, S. Alice Barger, class of 1907, a private duty nurse who had served for six months as an Army nurse at Fort Bliss, Texas; on October 9, Edna Anstock, a pupil nurse; on October 13, Lillian Rowe, a pupil nurse.

In November, in Chicago, Ethel Knapp, a graduate of St. Luke's Hospital. Miss Knapp contracted influenza while on duty as a Home Defense Nurse at the County Hospital.

On December 18, of influenza, Mrs. M. Zota Engstrom, graduate of the Chicago Polyclinic Hospital, a Home Defense Nurse.

On October 16, of influenza, Margaret Engblad, a Red Cross nurse, graduate of the King's Daughters' Hospital, Temple, Texas.

Douglass, tion and ad taken She will ness and
dy, class successful e during r of her ssociates
al as an l, Prov- enly felt. ht's dis- ty nurse e was a s. James
itts was h. She patients
influenza, g, Miss abat the ng that to work wn hos-
Hospital, made by
y. Mrs eveland.
ork, re- n, class t of the rse who October se. Hospital. e at the
of the
graduate

On December 19, of influenza, Alice C. Belling, class of 1916, St. Joseph's Hospital, Chicago,—a Red Cross nurse.

On January 21, in St. Joseph, Mo., of pneumonia, Myrtle Walker, class of 1911, Blessing Hospital, Quincy, Ill. Miss Walker was for three years assistant superintendent of Blessing Hospital. For the past two years she had held a similar position in the Noyes Hospital, St. Joseph. Burial was at her home, Mt. Sterling, Ill.

On December 29, Mrs. John W. Hazlet. Mrs. Hazlet was Inez File, class of 1912, Illinois Training School, Chicago. Mrs. Hazlet had a bright, winning personality, earnestness of purpose and devotion to duty. Her life was a blessing.

On January 22, at the Nurses' Home of the Illinois Training School, Chicago, Elizabeth B. Tenney, class of 1897. Miss Tenney was assistant superintendent in the tuberculosis ward of the County Hospital.

On December 16, at the Registered Nurses' Club, Atlanta, Georgia, of influenza, Florence Atwell. Miss Atwell was a graduate of the Elkin-Cooper Sanatorium, class of 1904, and had taken post-graduate work in Boston. She was a member of the Atlanta Registered Nurses' Club and of the Georgia State Association. She was one of the first nurses to volunteer for war work and had served at Laredo, when the National Guard was sent to the Border, and later at Camp Jackson. While awaiting orders for overseas service, she had conducted Red Cross classes and had been active in influenza work. She was a competent and willing worker and her death will be regretted by many.

In October, at New London, Conn., of influenza, Mrs. Vern B. Walker. Mrs. Walker was Mary Chesney, class of 1910, Rochester General Hospital. At the time of her death she was with her husband who is a member of the hospital staff of the Navy.

On February 5, in Rochester, N. Y., suddenly, Ora M. O'Conner, who was for twenty-two years registrar of the directory of the Rochester General graduates. She had been in poor health for some time past, but had worked night and day during the epidemic, trying to supply nurses.

Mary Agnes McKenzie, class of 1903, Rochester General Hospital, Rochester, N. Y., was a victim of war, with others, when the hospital ship, *Llandovery Castle*, was sunk off the coast of England. Miss McKenzie had held various positions in Canada after graduation, and while at the Military Hospital in Halifax, enlisted for overseas service. After serving in military hospitals in England for one year, she was transferred to transport duty.

On October 11, at the Lying-in Hospital, Chicago, Mrs. Edgar P. Cook. Mrs. Cook was Mary McIntyre, class of 1908, St. Joseph's Hospital. After graduation, she had one year of service in the State Hospital, Stockton, California, and the Mary's Help Hospital, San Francisco. She did private nursing in the vicinity of her home, Dixon, Ill., and was for a short time superintendent of the Dixon Public Hospital. She was married to Dr. Cook in 1917. She died as the result of an unusual disease of the liver, complicating pregnancy, her prematurely delivered child dying also. She was a capable nurse and a highly esteemed woman, true to the highest ideals.

In January, in Dorchester, Mass., Katherine F. Davis, class of 1876, New England Hospital for Women and Children, and class of 1879, Massachusetts General. Miss Davis was a successful private nurse, she had studied massage under Dr. Weir Mitchell, and had taken two years of a medical course.

BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

AMERICAN RED CROSS TEXT BOOK ON HOME HYGIENE AND CARE OF THE SICK. By Jane A. Delano, R.N. Revised and rewritten by Anne Hervey Strong, R. N. P. Blakiston's Son and Company, Philadelphia. Price, in cloth, \$1.00; in paper, 60 cents.

Miss Delano is well known to the nursing and medical professions and needs no endorsement. The first edition of this book, under a slightly different title, was prepared by Miss Delano in collaboration with the late Miss McIsaac. The second edition has been revised by Anne Hervey Strong, Professor of Public Health Nursing, Simmons College, under the personal direction of the author and of the National Committee on Red Cross Nursing Service. Valuable assistance and suggestions are acknowledged from Dr. Rucker and Dr. Clark of the U. S. Public Health Service; Dr. H. M. McCracken of Vassar College; Professor Isabel Stewart of Teachers College; Anna C. Jammé, and other efficient workers and teachers. To quote from the introduction: "The American Red Cross, recognizing the part that women can and should play in preventing sickness and in building up the health and vigor of the nation, has added to its larger patriotic services this elementary course of instruction in hygiene and home care of the sick. The object of the book is to supply a little knowledge of sickness which, though limited, may yet be safe." The book is the official textbook for organized Red Cross classes.

THE AMERICAN HOSPITAL OF THE TWENTIETH CENTURY. By Edward F. Stevens, Architect. Illustrated. Architectural Record Publishing Company, New York. Price, \$5.00.

This volume is a treatise on the development of medical institutions, both in Europe and America, since the beginning of the present century. Mr. Stevens is an architect of known ability and one who has devoted his entire practice to hospital construction. He knows intimately the foreign medical institutions and can therefore give a most interesting study and comparison of hospital architecture and equipment. Books on modern hospital construction are rare in this country; this being one of the first to be published. A most useful book, not only to those contemplating building but also for all hospital administrators.

OFFICIAL DIRECTORY

The American Journal of Nursing Company.—President, Sarah E. Sly, R.N., Birmingham, Mich. Secretary, Minnie H. Ahrens, R.N., 534 Aldine Avenue, Chicago, Ill. Editor and Business Manager, Sophia F. Palmer, R.N., 45 South Union Street, Rochester, N. Y.

The American Nurses' Association.—President, Clara D. Noyes, R.N., 1726 M. Street, N.W., Washington, D.C. Secretary, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y. Interstate Secretary, Adda Eldredge, R.N., 45 South Union Street, Rochester, N. Y. Biennial convention to be held in 1920 in Atlanta, Georgia. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Indiana; Mental Hygiene, Chairman, Elnora Thomson, R.N., Hull House, Chicago; Legislation, Chairman, Anna C. Jammé, R.N., State Board of Health, Sacramento, Calif.; Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich.

The National League of Nursing Education.—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Laura R. Logan, R.N., Cincinnati General Hospital, Cincinnati, Ohio. Treasurer, M. Helena McMillan, R.N., Presbyterian Hospital, Chicago, Ill. Annual meeting to be held June 24-27, 1919, Chicago.

The National Organization for Public Health Nursing.—President, Mary Beard, R.N., 561 Massachusetts Avenue, Boston, Mass. Secretary, Ella Phillips Crandall, R.N., Council of National Defense, Washington, D. C.

National Committee on Red Cross Nursing Service.—Chairman, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Dora E. Thompson, R.N., War Department, Room 704, Mills Building, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, M. Adelaide Nutting, R.N., Teachers College, New York City. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Relief Fund Committee.—Chairman, Elizabeth E. Golding, R.N., 317 West 45th Street, New York, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y.

Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City.

STATE ORGANIZATIONS OF NURSES

Alabama.—President, Mary Denman, R.N., Birmingham. Secretary, Bertha C. Clement, R.N., 2019 Avenue F, Birmingham. President examining board, Lemoine Phares, R.N., Inge-Bondurant Sanitarium, Mobile. Secretary, Helen MacLean, R.N., 2430 North Eleventh Avenue, Birmingham.

Arkansas.—President, Kathrine Dillon, Little Rock. Corresponding secretary, Annie Bremyer, R.N., El Dorado. President examining board, St. Cloud Cooper, M.D., Ft. Smith. Secretary-treasurer, Sister Bernard, St. Vincent's Infirmary, Little Rock.

California.—President, Louise Groth, R.N., 1108 Grant Street, Santa Clara. Secretary, Mrs. J. H. Taylor, R.N., 126 Ramsell Street, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jammé, R.N., State Board of Health, Sacramento.

Colorado.—President, Mrs. Lathrop Taylor, 304 East Myrtle Street, Ft. Collins. Secretary, Mrs. Frank Pine, 301 W. Ormon Avenue, Pueblo. President examining board, M. Cordelia Cowan, R.N., Longmont Hospital, Longmont. Secretary, Louise Perrin, R.N., State House, Denver.

Connecticut.—President, Mary Grace Hills, R.N., 200 Orange Street, New Haven. Secretary, Harriet E. Gregory, R.N., 75 Elmwood Avenue, Waterbury. President examining board, Martha J. Wilkinson, R.N., 34 Charter Oak Avenue, Hartford. Secretary, R. Inde Albaugh, R.N., Connecticut State Library, Hartford.

Delaware.—President, Mary A. Moran, R.N., 1313 Clayton Street, Wilmington. Secretary, Evelyn B. Hayes, 913 Delaware Avenue, Wilmington. President examining board, Frank E. Pierson, M.D., 1007 Jefferson Street, Wilmington. Secretary, Florence J. Thomas, R.N., Delaware Hospital, Wilmington.

District of Columbia.—President, Elizabeth G. Fox, R.N., 2506 K Street, N.W., Washington. Secretary, Temple Perry, 1627 16th Street, Washington. President of examining board, Sallie F. Melhorn, R.N., 1337 K Street, N.W., Washington. Secretary-treasurer, Margaret T. Flynn, R.N., 1337 K Street, N.W., Washington.

Florida.—President, Mrs. W. M. Porter, 227 Market Street, Jacksonville. Secretary, Isabel H. Odiorne, R.N., Base Hospital, Camp Johnston, Jacksonville. President examining board, Julia W. Hopkins, Box 696, St. Augustine. Secretary-treasurer, Mrs. Louisa B. Benham, 738 Talleyrand Avenue, Jacksonville.

Georgia.—President, Henrietta Myers, 126 East Taylor Street, Savannah. Corresponding secretary, Eva Higginbotham, Park View Sanitarium, Savannah. President examining board, Jane Van De Vrede, R.N., 424-431 Healey Building, Atlanta. Secretary and treasurer, Louise Hazlehurst, R.N., 371 Orange Street, Macon.

Idaho.—President, Mrs. J. M. Taylor, R.N., 1112 Bannock Street, Boise. Secretary, Esther M. Johnson, St. Luke's Hospital, Boise. President examining board, Mrs. Mabel S. Avery, R.N., 313 South 4th Street, Boise. Secretary-treasurer, Mariet W. Sawyer, Boise.

Illinois.—President, Helena McMillan, R.N., Presbyterian Hospital, Chicago. Secretary, Lucy Last, R.N., 2700 Prairie Avenue, Chicago. Superintendent of Registration, Fred C. Dods, State Capitol, Springfield. (To whom all correspondence should be addressed.)

Indiana.—President, Anna Lauman, Lutheran Hospital, Fort Wayne. Secretary, Grace Morehouse, 114 West Columbia Street, West Lafayette. President examining board, Mae D. Currie, R.N., 12 Bungalow Park, Indianapolis. Secretary, Edna Humphrey, R.N., 316 South Washington Street, Crawfordsville.

Iowa.—President, Mary C. Haarer, Iowa State University Hospital, Iowa City. Secretary, Gyda Bates, R.N., 1527 Fourth Avenue, Cedar Rapids. President examining board, W. L. Bierring, M.D., Des Moines. Secretary, Guilford H. Sumner, M.D., Capitol Building, Des Moines.

Kansas.—President, Sister Catherine Voth, Bethel Hospital, Newton. Secretary, W. Pearl Martin, R.N., 1231 Clay Street, Topeka. Treasurer, Kate Williams, R. N., Haven. President examining board, E. J. Eason, R.N., Kansas City. Secretary-treasurer, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina.

Kentucky.—President, Anna Flynn, R.N., Nurses' Quarters, Camp Taylor, Louisville. Corresponding secretary, M. C. Dunn, Children's Free Hospital, Louisville. President examining board, Sophia F. Steinhauer, R.N., Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, R.N., Somerset.

Louisiana.—President, Mrs. Lena Cross, Eliza Street, Algiers. Acting secretary, Alice Ashe, 1452 Jackson Avenue, New Orleans. President examining board, J. T. Crebbin, M.D., 1207 Maison Blanche Building, New Orleans. Acting secretary, J. S. Herbert, M.D., 1121 Maison Blanche Building, New Orleans.

Maine.—President, Lucy J. Potter, R.N., 15 May Street, Biddeford. Secretary, Katherine Keating, R.N., 34 Howe Street, Lewiston. President examining board, Margaret M. Dearness, R.N., Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Matcalfe, R.N., Central Maine General Hospital, Lewiston.

Maryland.—President, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore. Secretary, Lydia Martin, 1622 Bolton Street, Baltimore. President examining board, Helen C. Bartlett, R.N., 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, R.N., 1211 Cathedral Street, Baltimore

Massachusetts.—President, Esther Dart, R.N., Stillman Infirmary, Cambridge. Corresponding secretary, Mary E. P. Davis, R.N., 21 Walnut Avenue, Norwood. President examining board, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls. Secretary, Walter P. Bowers, M.D., State House, Boston.

Michigan.—President, Elizabeth Parker, R.N., Box 765, East Lansing. Corresponding secretary, Anna M. Schill, R.N., Hurley Hospital, Flint. President examining board, Reuben Peterson, M.D., Ann Arbor. Secretary, Harriet Leck, R.N., Oakland Building, Lansing.

Wilming-
resident
ington.
t, N.W.,
resident
ington.
ington.
onville.
onville.
etary-
vannah.
vannah.
uilding,
Street,
Boise.
mining
etary-
hicago.
ent of
corre-
Sec-
resident
Se-
, Iowa
resident
ord H.
Se-
Williams,
City.
ina.
Taylor,
ospital,
Speers
secre-
mining
Acting
etary,
board,
etary-
on.
Balti-
ent ex-
Se-
ore
Cam-
venue,
spital,
oston.
Cor-
sident
Leck,

Minnesota.—President, Mrs. Frances Campbell, R.N., City and County Hospital, St. Paul. Secretary, Louise M. Powell, R.N., University Hospital, Minneapolis. President examining board, Margaret A. Crowl, R.N., 1515 University Avenue S.E., Minneapolis. Secretary, Lydia H. Keller, R.N., Old Capitol, St. Paul.

Mississippi.—President, Katherine Kent, 325 North State Street, Jackson. Secretary, Mrs. James A. Cameron, 515 Bay Street, Hattiesburg. President examining board, Mrs. James A. Cameron, 515 Bay Street, Hattiesburg. Secretary-treasurer, Jane P. Cox, R.N., South Mississippi Charity Hospital, Laurel.

Missouri.—President, Margaret Rogers, Jewish Hospital, St. Louis. Secretary, Janet C. Bond, City Hospital, St. Louis. President examining board, M. Anna Gillis, R.N., City Hospital, St. Louis. Secretary-treasurer, Mrs. Mary E. S. Morrow, R.N., 417 East Main Street, Jefferson City.

Montana.—President, Lydia A. Van Luvanee, St. Peter's Hospital, Helena. Secretary, Permelia Clarke, Glasgow. President examining board, Margaret M. Hughes, R.N., Box 928, Helena. Secretary-treasurer, Mrs. Maud E. Lally, R.N., St. James Hospital, Butte.

Nebraska.—President, Margaret McGreevy, State House, Lincoln. Secretary, Mrs. Max Westerman, 1535 C Street, Lincoln. President examining board, Mary C. Wieck, R.N., Lister Hospital, Omaha. Secretary-treasurer, Margaret McGreevy, R.N., Room 408, State House, Lincoln.

New Hampshire.—President, Ida A. Nutter, R.N., Franklin Hospital, Franklin. Secretary-treasurer, Mrs. Florence M. Knowles, R.N., Franklin Hospital, Franklin. President examining board, Henrietta B. Chisholm, Exeter Hospital, Exeter. Secretary, Ednah Cameron, R.N., 1 South State Street, Concord.

New Jersey.—President, Edith J. L. Clapp, R.N., 55 South Mountain Avenue, Montclair. Secretary, Mabel Graham, R.N., 957 Boulevard, Weehawken. President examining board, Mary J. Stone, R.N., Room 302, McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, R.N., Room 302, McFadden Building, Hackensack.

New York.—President, Elizabeth E. Golding, R.N., 317 West 45th Street, New York. Secretary, Julia A. Littlefield, R.N., Homeopathic Hospital, Albany. President examining board, Lydia E. Anderson, R.N., 461 Washington Avenue, Brooklyn. Secretary, Jane E. Hitchcock, R.N., 132 East 45th Street, New York.

North Carolina.—President, Eugenia Henderson, R.N., 909 West Avenue, Charlotte. Secretary, Blanche Stafford, R. F. D. 4, Winston-Salem. President examining board, Maria P. Allen, R.N., Grace Hospital, Morgantown. Secretary-treasurer, Julia Lebby, R.N., Myers Park, Charlotte.

North Dakota.—President, Ethel E. Stanford, 701 Fourth Street South, Fargo. Secretary, Mrs. Angela Green Boleyn, R.N., 402 Seventh Avenue South, Fargo. Acting president examining board, Mildred Clark, R.N., Devil's Lake General Hospital, Devil's Lake.

Ohio.—President, Claribel Wheeler, Mt. Sinai Hospital, Cleveland. Secretary, Rose K. Steinmetz, Children's Hospital, Akron. Chief examiner, Harriet L. P. Friend, State House, Columbus. Secretary, Dr. H. M. Platter.

Oklahoma.—President, Jessie Hammer, R.N., 4320 N. Western Street, Tulsa. Secretary, Lela Carr, 915 West 23d Street, Oklahoma City. President examining board, Lelia Hartley, R.N., Physicians' and Surgeons' Hospital, Muskogee. Secretary-treasurer, Edna Holland, R.N., State University Hospital, Oklahoma City.

Oregon.—President, Mrs. Thomas D. Honeyman, R.N., 193 King Street, Portland. Secretary, Mary C. Campbell, Portland Open Air Sanatorium, Milwaukee. President examining board, Elizabeth Darling, R.N., 908 Electric Building, Portland. Secretary-treasurer, Mrs. O. E. Osborne, R.N., 512 Oakdale Avenue, Medford.

Pennsylvania.—President, Roberta W. West, R.N., Room 703, Finance Building, South Penn Square, Philadelphia. Secretary-treasurer, Williamina Duncan, R.N., 322 North Craig Street, Pittsburgh. President examining board, William S. Higbee, M.D., 1703 South Broad Street, Philadelphia. Secretary-treasurer, Ida F. Giles, R.N., Room 1206, Otis Building, 16th and Sansom Streets, Philadelphia.

Rhode Island.—President, Mrs. Harriet P. Churchill, 352 Broad Street, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence.

President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayers, R.N., Woonsocket Hospital, Woonsocket.

South Carolina.—President, Mary McKenna, R.N., St. Francis Infirmary, Charleston. Secretary, Antonia B. Gibson, 29 East Calhoun Street, Sumter. Secretary, board of nurse examiners, A. Earl Boozer, M.D., Columbia.

South Dakota.—President, Mrs. Elizabeth Dryborough, R.N., Rapid City. Corresponding secretary, Nellie Card Harper, B.M.C., Hot Springs. President examining board, Clara S. Ingvalson, Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, R.N., Rapid City.

Tennessee.—President, Nina E. Wooten, Woman's Hospital, Nashville. Secretary, Mrs. Dorsey T. Gould, 24 Elmore Court, Nashville. President examining board, Dr. Reese Patterson, Knoxville. Secretary, Willie M. McInnis, R.N., University of Tennessee, Memphis.

Texas.—President, Wilma Carlton, R.N., Temple Sanitarium, Temple. Secretary, Retta Johnson, R.N., 8 Kavanaugh Apt., 1615 Walker Avenue, Houston. President examining board, Miss Oscar Duval, R.N., 1018 Burk-Burnett Building, Ft. Worth. Secretary-treasurer, Katherine Van Doren, R.N., 720 Wells Street, Belton.

Utah.—President, Laura G. Willes, 214 Deseret News Building, Salt Lake City. Secretary, Jennie F. Franklin, New Temple Hotel, Salt Lake City. President examining board, Zina Johnson, Provo General Hospital, Provo. Secretary-treasurer, H. C. Haines, 406 Capitol Building, Salt Lake City.

Vermont.—President, Anna Aitken, R.N., Rutland Hospital, Rutland. Secretary-treasurer, Anna Luce, R.N., Waterbury Hospital, Waterbury. President examining board, Donly C. Hawley, M.D., Burlington. Secretary, Katherine Crozier, R.N., Heaton Hospital, Montpelier.

Virginia.—President, Florence Bishop, Rockingham Memorial Hospital, Harrisonburg. Secretary, Josephine McLeod, R.N., Johnston and Willis Hospital, Richmond. President examining board, Elizabeth H. Webb, R.N., 705 West Grace Street, Richmond. Secretary-treasurer, Julia Mellichamp, R.N., 203 North Meadow Street, Richmond.

Washington.—President, Ethel H. Butts, R.N., 715 West Fourth Avenue, Spokane. Secretary, Beatrice Short, R.N., 714 East 25th Avenue, Spokane. President examining board, Anna T. Phillips, R.N., 311 South Fourth Street, Tacoma. Secretary, May Loomis, R.N., Seattle City Hospital, Seattle.

West Virginia.—President, Mrs. Susan Cook, R.N., Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Bullard, R.N., Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Dr. J. McLee Sites, Martinsburg. Secretary, Dr. Charles M. Scott, Bluefield.

Wisconsin.—President, Mrs. H. J. Dernell, 591 Stowell Avenue, Milwaukee. Secretary, Mrs. Kate Kohlsaat, R.N., 807-808 Merchants and Manufacturers Bank Building, Milwaukee. Treasurer, Margaret Pakenham, R.N., Milwaukee Downer College Infirmary, Milwaukee. President committee of examiners, Mathild H. Krueger, R.N., Neenah. Secretary, Myra Kimball, R.N., City Health Department, LaCrosse.

Wyoming.—President, Althea Stoneman, Casper. Secretary and treasurer, Florence M. Dunlap, Ivinson Memorial Hospital, Laramie. President examining board, Mrs. James E. Mills, R.N., Rock Springs. Secretary, Jennie McKenzie, R.N., St. John's Hospital, Cheyenne.

vidence.
cket.
irmary,
Sumter.

d City.
ent ex-
lizabeth

Secre-
amining
, R.N.,

Secre-
ouston.
uilding,
Street,

t Lake
Presi-
retary-

Secre-
resident
atherine

l, Har-
ospital,
t Grace
North

Avenue,
Presi-
acoma.

eeeling;
, R.N.,
Ferry,
retary,

waukee.
s Bank
Owner
child H.
rtment,

asurer,
mining
Kenzie,